## P21 0000 30698

(Re	equestor's Name)	
(Ac	ddress)	
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SECRETARY OF STAT

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Fig. O. L.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
Swovay Incorporated SUBJECT:	Name of Corporation			
DOCUMENT NUMBER: P21000030698				
The enclosed Articles of Correction and f	ee are submitted for filing.			
Please return all correspondence concerni	ing this matter to the following:			
Lawanna Gilliam				
Name of Contact Person			~	
Swovay Incorporated			2021 APR 14 PM 12: 15	
Firm/Company			APR	
2220 County Road 210 West, Suite 108 Unit 251		AA	<u>_</u>	
Address		18.53 18.74	P	
Jacksonville, FL 32259		711	<u>5</u>	
City/State and Zip Code			5	
info@swava-inc.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this m	natter, please call:			
Lawanna Gilliam	904 377-0063 at ( )			
Name of Contact Person	Area Code Daytime Telephone Number			
Enclosed is a check for the following amo	ount:			
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fce & Certificate of Sta	itus		
☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of State Certified Copy	15 &:		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314