

P21 0000 80817

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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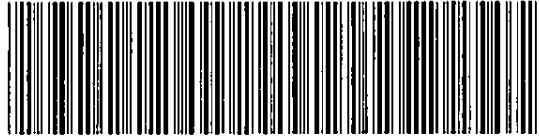
(Business Entity Name)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANCIENT CITY WELDING INC

Name of Corporation

**DOCUMENT NUMBER:** P21000080817

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENDA JEPSON

Name of Contact Person

TRIM BOOKKEEPING & TAX SVC INC

Firm/Company

800 ZEAGLER DR STE 230

Address

PALATKA, FLORIDA 32177

City/State and Zip Code

brendajepson51@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA JEJPSON

at ( 386 ) 328-4164  
Area Code Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

ANCIENT CITY WELDING INC

Name of Corporation as currently filed with the Florida Dept. of State

P210000808017

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct FEDERAL IDENTIFICATION NUMBER  
(Document Type Being Corrected)

filed with the Department of State on 09/13/2021  
(File Date of Document)

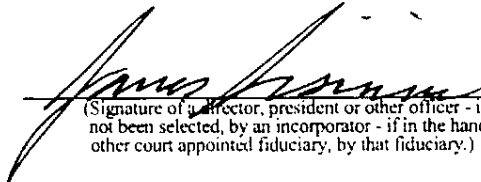
Specify the inaccuracy, incorrect statement, or defect:

THE FEDERAL IDENTIFICATION NUMBER WAS ENTERED INCORRECTLY WHEN THE ANNUAL  
REPORT WAS FILED .

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT FEDERAL IDENTIFICATION NUMBER IS 87-2598844

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TALLAHASSEE, FL

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JAMES SISINNI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00