P2200040310

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(Req	luestor's Name)	
(Add	lress)	
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COVER LETTER

Division of Corporations	· · · · · · · · · · · · · · · · · · ·			
SUBJECT: O'CARROLL PLUMBING SE	RVICES INCORPORATED Name of Corporation			
DOCUMENT NUMBER: P2200040310				
The enclosed Articles of Correction ar				
Please return all correspondence conce	· ·			
•	ching has maker to the following.			
CLAUDIA SLIWA Name of Contact Person	-			
OCARROLL PLUMBING SERVICES INCO	DRPORATED			
•				
393 IPSWICH STREET Address				
BOCA RATON, FL 33487				
City/State and Zip Co				
OCARROLLPLUMBING@GMAIL.COM	022			
E-mail address: (to be used for future and	nual report notification)			
For further information concerning thi	s matter, please call:			
CLAUDIA SLIWA	561 440-7473 =			
Name of Contact Person	Area Code Daytime Telephone Number			
	ı			
Enclosed is a check for the following a	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

Name of Corporation as currently filed with the Flori	da Dept. of State
P22000040310	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statut	
These articles of correction correct OFFICER/ REGISTERED AG	ENT/ AMBR (Type Being Corrected)
filed with the Department of State on O5/12/2022 (File Date of Docu	Type temp contents
Specify the inaccuracy, incorrect statement, or defect:	,
SEAN O'CARROLL IS NOT LISTED AS PRESIDENT	
<u> </u>	2072
	<u> </u>
Correct the inaccuracy, incorrect statement, or defect:	<u> </u>
LIST SEAN O'CARROLL AS PRESIDENT	
(Singulature of a directly president or other officer - if directly, by an incorporator - if in the trands of other court appointed fiduciary, by that fiduciary.)	ectors or officers have the receiver, trustee, or
CLAUDIA SLIWA	MANAGER
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00