P22000091135

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COVER LETTER

Amendment Section TO: Division of Corporations SURFISE BEACH SERVICE, INC. SUBJECT: Name of Corporation P22000091135 **DOCUMENT NUMBER:** The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Almodovar Name of Contact Person Surfside Beach Service Firm/Company 39 Laurie Dr. NE Address Fort Walton Beach, FL 32548 City/State and Zip Code kevinalmo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 Kevin Almodovar Name of Contact Person Enclosed is a check for the following amount: □ \$43.75 Filing Fee & Certificate of Status **■** \$35.00 Filing Fee □ \$52.50 Filing Fee, Certificate of Status & □ \$43.75 Filing Fee & Certified Copy Certified Copy **Street Address: Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF CORRECTION

ARTICLES OF CORREC	ida Dept. of State
For	
SURFISE BEACH SERVICE, INC.	and the second s
Name of Corporation as currently filed with the Flor	ida Dept. of State
P22000091135	
Document Number (if known)	
Pursuant to the provisions of Section 617.0124, Florida Statue Articles of Correction within 30 days of the file date of the do	tes, this corporation files these ocument being corrected.
These articles of correction correct Articles of Incorporation	nt Type Being Corrected)
December 8, 2022	
iled with the Department of State on(File Date of Docu	iment)
Specify the inaccuracy, incorrect statement, or defect: The current corporation name reads SURFISE BEACH SERVICE, INC.	·.
Correct the inaccuracy, incorrect statement, or defect: The correct name should be SURFSIDE BEACH SERVICE, INC.	
	
	
hallh -	
(Signature of a director, president or other officer - if di not been selected, by an incorporator - if in the hands of other court appointed fiduciary, by that fiduciary.)	ectors or officers have f the receiver, trustee, or
Kevin Almodovar	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00