P23000063146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAY - 5 2023

Office Use Only

800401246148

02/20/23--01016--001 **43.75

FILED
2023 FEB 21 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAME CORRECTION ON ENTITY NAME, OFFICER NAME & REGISTERED AGENT
Name of Corporation

DOCUMENT NUMBER: P23000006346

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

Please return all correspondence concerning this matter to the following:

NORMAN D'SILVA
Name of Contact Person

D SILVIA INTERNATIONAL INC
Firm/Company

5300 S ATLANTIC AVE BLDG 15 - 601
Address

NEW SMYRNA BEACH, FL 32169
City, State and Zip Code

normanandhelen@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMAN D SILVA at (603) 494-3252
Name of Contact Person — Area Code — Daytime Telephone Number

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

D SILVIA INTERNATIONAL INC

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

P23000006346

Document Number (if known)

2023 FEB 21 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ENTITY NAME, OFFICER NAME, REGISTERED AGENT NA

(Document Type Being Corrected)

filed with the Department of State on 01/19/2023.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

D SILVIA INTERNATIONAL INC (ENTITY NAME)

D'SILVIA, NORMAN (REGISTERED AGENT NAME)

D'SILVIA, NORMAN (OFFICER NAME)

Correct the inaccuracy, incorrect statement, or defect:

D'SILVA INTERNATIONAL INC

D'SILVA, NORMAN

D'SILVA, NORMAN

N. D'Silva

(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.)

NORMAN D'SILVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: $35.00