

P23000065061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

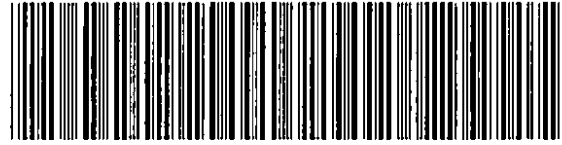
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A B MEMORIAL DISPLAY INC

Name of Corporation

**DOCUMENT NUMBER:** P23000065061

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

Please return all correspondence concerning this matter to the following:

ANTHONY JURON

Name of Contact Person

TAXMAN USA INC

Firm/Company

822 BRYAN ST

Address

KISSIMMEE FL 34741

City/State and Zip Code

TAXMAN1@CFL.RR.COM

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

For further information concerning this matter, please call:

ROBERT ROTHFELD

at ( 407 ) 932-3499

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

A B MEMORIAL DISPLAY INC

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

P23000065061

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct NAME OF CORPORATION,  
(Document Type Being Corrected)

filed with the Department of State on 09/08/2023,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

A B MEMORIAL DISPLAY INC

THE S WAS LEFT OFF THE WORD DISPLAY

Correct the inaccuracy, incorrect statement, or defect:

A B MEMORIAL DISPLAYS INC

*Anthony Juron*

(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.)

ANTHONY JURON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**

23 SEP 25 PM 3:59  
FILED  
FALL 2023