

P24000

10-1-24

(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:

Office Use Only



400433624544

07/24/24--01029--025 **35.00

RECEIVED
CLERK OF STATE
TALLAHASSEE, FL
JUL 24 AM 10:59

R. HUNT
07/24/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aslan Fitness Inc.
Name of Corporation

DOCUMENT NUMBER: P24000048082

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Rubin & Associates CPA Firm PA
Firm/Company

2080 NW Boca Raton Blvd. Suite 2
Address

Boca Raton, FL 33431
City/State and Zip Code

Ahdilek @ hotmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlene Ball at (561) 750-8299
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

2024 JUN 10 AM 10:59
TALLAHASSEE, FL
DIVISION OF STATE

ARTICLES OF CORRECTION

For

Aslan Fitness Inc.

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

P 24000048082

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Electronic Filing

(Document Type Being Corrected)

filed with the Department of State on 7/19/2024

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- ① Registered Agent Name - misspelled first name
- ② Title - P - misspelled first name
- ③ Title VP - misspelled last name

Correct the inaccuracy, incorrect statement, or defect:

- ① Registered Agent Name - Dilek Abdulkadir H
- ② Title P - Dilek, Abdulkadir H
- ③ Title VP - Dilek, Alison S

HAKIR

(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.)

Abdulkadir Hakan Dilek

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

2024 JUL 19 AM 10:59
FLORIDA DEPT. OF STATE
TALLAHASSEE, FL