P24000055H56

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

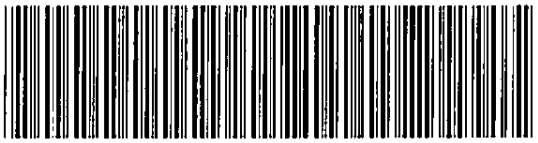
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400440147654

11/25/24--01019--003 **35.00

2024 NOV 25 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** All World Drug Distributor Inc.
Name of Corporation

**DOCUMENT NUMBER:** P24000055456

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

Please return all correspondence concerning this matter to the following:

Rody Carballo
Name of Contact Person

All World Drug Distributor Inc.
Firm/Company

520 W. 39 St.
Address

Hialeah FL. 33012
City/State and Zip Code

RodyCarballo1@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2024 NOV 25 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rody Carballo at (305) 206.5601
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

All World Drug Distributor Inc.

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

P24000055456

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Article II.

(Document Type Being Corrected)

filed with the Department of State on 8/27/24.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Principal Place of Business, WAS INCORRECT,
New principal location is:
3483 N.W. 19 St.
Lauderdale Lakes, FL. 33311

Correct the inaccuracy, incorrect statement, or defect:

Principal Business Address Should Read:
3483 N.W. 19 St.
Lauderdale Lakes, FL. 33311

2024 NOV 25 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

Rody Calixte

(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.)

Rody Calixte

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: $35.00**