

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JCP Cares, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N07000009425

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

Please return all correspondence concerning this matter to the following:

Katherine A. Bravo

(Name of Contact Person)

(Firm/Company)

450-106 State Road 13 N. #165

(Address)

St. Johns, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine A. Bravo

(Name of Contact Person)

at (**904**) **287-2757**

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301