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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) 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: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301