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COVER LETTER

TO: Amendment Section Division of Corporations	· ·
SUBJECT: NATURAL DOCUMENT NUMBER: 706 00 The enclosed Articles of Correction and for	-
Please return all correspondence concerni	U
Mo RXO H Co L 9 Y (Name of Contact Person)	——————————————————————————————————————
(Firm/Company)	
4810 COMMERCIANDER	CIAL BLUD.
TAMARAC (City/State and Zip Code)	-, 37919
For further information concerning this management of Contact Person)	atter, please call: at (954) 535-0 455 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$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

ARTICLES OF CORRECTION

for

NATURAL ICHIDA DOCTTSU, INC. Name of Corporation as currently filed with the Florida Dept. of State
P 06 0000 6454 Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct FOR P. — WAME LANGE (Document Type Being Corrected) filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: NATURAL ICHIDAI DORFTSU, INCESSO
TEITERBAUM, KAREN TEITERBAUM, K
Correct the inaccuracy, incorrect statement, or defect: NNOVATIVE SKIN TECHNOLOGIES, I NE.
TEITELBAUM, KARIN
(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.)
Mo 270 2 Cusy (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00