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Articles of Correction W/NC
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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: BEAUTY & HEALTH CORP.
(Name of Corporation) P08000050348 DOCUMENT NUMBER:
The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jesus Sanchelima, Esq.
(Name of Contact Person)
Sanchelima & Associates, P.A.
(Pirm/Company)
235 S.W. Le Jeune Road
(Address)
Miami, Florida 33134-1762
(City/State and Zip Code)
For further information concerning this matter, please call:
Jesus Sanchelima, Esq. at (305) 447-1617 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$43.75 Filing Fee & Certified Copy

ARTICLES OF CORRECTION

BEAUTY & HEALTH CORP.

P08000050348

ARTICLES OF CORRECTION for BEAUTY & HEALTH CORP. Name of Corporation as currently filed with the Florida Dept. of State P08000050348	<i>^</i> ,
for for	
BEAUTY & HEALTH CORP.	W// D
Name of Corporation as currently filed with the Florida Dept. of State	e,
P08000050348	E. FLOS
Document Number (if known)	RIL
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporatio these Articles of Correction within 30 days of the file date of the document being corrected.	n files
These articles of correction correct Articles of Incorporation (Document Type Being Corrected)	_,
filed with the Department of State on May 20, 2008	
(File Date of Doctment)	
Specify the inaccuracy, incorrect statement, or defect: The corporation name: BEAUTY & HEALTH CORP.	
	
Correct the inaccuracy, incorrect statement, or defect: Change to: BEAUTY & HEALTH CORPORATION	
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Afth	
(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.)	
Daniel Leon President	
(Typed or printed name of person signing) (Title of person signing)	g)

Filing Fee: \$35.00