

P 190000 36658

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2019 MAY 17 PM 3:32

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WILLSHAY HARMANY HOME CARE INC

Name of Corporation

**DOCUMENT NUMBER:** P19000036658

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

Please return all correspondence concerning this matter to the following:

**SHARON WILES**

Name of Contact Person

**WILLSHAY HARMONY HOME CARE INC**

Firm/Company

**8666 NW 47TH DR**

Address

**CORAL SPRINGS, FL 33067**

City/State and Zip Code

**SWILESM@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SHARON WILES**

Name of Contact Person

at ( 754 ) 246-9269

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

WILLSHAY HARMANY HOME CARE INC

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

P19000036658

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 WILLSHAY HARMONY HOME CARE INC,  
(Document Type Being Corrected)

filed with the Department of State on 04/24/2019  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

HARMANY

Correct the inaccuracy, incorrect statement, or defect:

HARMONY

FILED  
2019 MAY 17 10 3 32  
TALLAHASSEE, FLORIDA

(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.)

SHARON WILES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00