## Nº04000009878

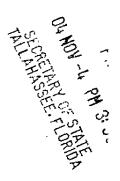
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ENDLESS POSSIBILITIES FOR SINGLE WOMEN INC. (Name of Corporation)
DOCUMENT NUMBER: NO4000009878
The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IDA BOWLING (Name of Person)
ENDLESS POSSIBILITIES FOR SINGLE MOTHERS, INC. (Name of Firm/Company)
2525 FALLING ACORN CIRCLE (Address)
LAKE MARY FL. 32746 (City/State and Zip Code)
For further information concerning this matter, please call:
IDA BOWLING at ( 407 ) 328-0847 (Name of Person) (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
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

## ARTICLES OF CORRECTION

ARTIC	CLES OF CORRECTIO	N	
	for		O4 NOV FILED SECRETARY OF 315 ANTASSEE, FLORIDA
ENDLESS POS	SSIBILITIES FOR SINGLE WO	MEN INC な	ECRO 4
	ration as currently filed with the Florida Dept. o	of State	11/1/19 14 3. C
	NO400009878		SECONDO
	Document Number (if known)		ORITE
Pursuant to the provisions of Section 6 these Articles of Correction within 30	507.0124 or 617.0124, Florida days of the file date of the doc	Statutes, this cornoration	on files
These Articles of Correction correct E	ENDLESS POSSIBILITIES FO (Document Typ	R SINGLE WOMEN	•
filed with the Department of State on	10/19/2004 (File Date of Document)		
Specify the inaccuracy, incorrect states			
THE WORD WOMEN Artic	let. Name of	the Corpor	ration
	lress.		
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Correct the inaccuracy, incorrect states	ment or defect		
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P.O. BOX 95273	34		<del></del>
Lake Mary F1	32746		
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(Signature of a direct	tor, president or other officer - if directors or of	icers have	
not been selected, by other court appointe	y an incorporator - if in the hands of the received fiduciary, by that fiduciary.)	r, trustee, or	
IDA BOWLING	T	PRESIDENT	
Typed or printed name of person sign	inol	(Title of nomon ciony	

Filing Fee: \$35.00