

NO7000000 7284

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8/8/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pathway To Your Health, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N07000007284

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

Please return all correspondence concerning this matter to the following:

Creighton W. Knight

(Name of Contact Person)

(Firm/Company)

150 W. Michigan Street, Suite D

(Address)

Orlando, FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

Creighton W. Knight

(Name of Contact Person)

at (321) 303-6716

(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

☐ \$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

Pathway To Your Health, Inc.

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

N07000007284

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 Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on 7/25/07

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

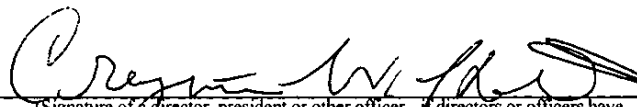
Name of corporation

For profit corporation

Correct the inaccuracy, incorrect statement, or defect:

Name should be Pathway to Health, Inc.

Non profit corporation


(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.)

Creighton W. Knight

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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