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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Brignoni Four DOCUMENT NUMBER: N7 000	indation for Pregnant Te	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Henry L. Perta, (Name of Contact Person)	ESq	
Perla ; Associa	ates_	
203 E. Livingstor	n St_	
Ortando FL 328 (City/State and Zip Code)	8D1	
For further information concerning this mat Henry Perla ov Trene Devora (Name of Contact Person)	at (407) 246-700 (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

Brignoni Foundation for Pregnant Teens
N7000 10961 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 Tocoporation
filed with the Department of State on (File Date of Document) (Document Type Being Corrected) (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: TOCOLLIN Bricholds MUST be
stricken as vice President of the
Corporation.
Correct the inaccuracy, incorrect statement, or defect: Please remove Joaquin Bright
From the Articles of incorporation
as vice President of Bright Foundation for Pregnant Teens Inc.
(Signature of a director, president of other officer - it directors or officers have not been selected, by an incorporator - if in the hards of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Henry Perk Isg. Afformer (Typed or printed name of person signing) (Title of person signing)
(+1 have at history authorized). (*1 have at history authorized).

Filing Fee: \$35.00