

N09000004786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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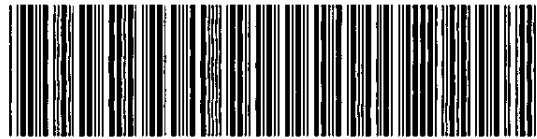
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Not of Cor
6/1/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOOD STAMPS FOR HORSES INC
Name of Corporation

DOCUMENT NUMBER: NO9000004786

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

Please return all correspondence concerning this matter to the following:

GERALD S. LESHER

Name of Contact Person

Firm/Company

1555 PALM BEACH LAKES BLVD S DUITE 1510

Address

WEST PALM BEACH FL. 33401

City/State and Zip Code

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

For further information concerning this matter, please call:

GERALD S LESHER

Name of Contact Person

at (561) 471-7155

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

FOOD STAMPS FOR HORSES INC

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

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

(Document Type Being Corrected)

filed with the Department of State on MAY 14, 2009

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

DIRECTOR LOREN BOMAN NAME SHOULD BE LORNA BOMAN

DIRECTOR/T SHARON BOSBICK IS NOT A DIRECTOR OR TREASUER

Correct the inaccuracy, incorrect statement, or defect:

CORRECT AS STATED ABOVE

Mary Christina Cotton President

(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.)

MARY CHRISTINA COTTON PRESIDENT

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA