

N10000008029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

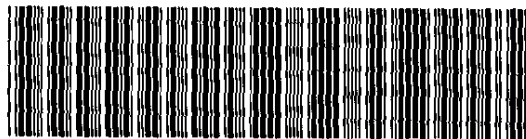
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700184973737

Articles of
Correction &
Name Change

09/03/10--01016--019 **43.75

FILED
2010 SEP -3 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOR
9/8/10

COVER LETTER

ATX1

TO: Amendment Section
Division of Corporations

SUBJECT: HELPING HANDS REHABILITATION CENTER
Name of Corporation

DOCUMENT NUMBER: N10000008029

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

Please return all correspondence concerning this matter to the following:

WANDA WASHINGTON
Name of Contact Person

Firm/Company

17121 NE 6TH AVE
Address

NORTH MIAMI BEACH FL 33162
City/State and Zip Code

WWEWASH@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WANDA WASHINGTON at (305) 494-0818
Name of Contact 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

☐ \$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

ATX1

for

FILED

HELPING HANDS REHABILITATION CENTER INC

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

2010 SEP -3 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

N10000008029

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 CORPORATION,
(Document Type Being Corrected)

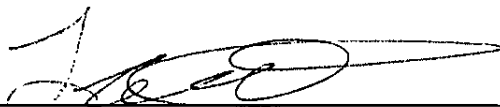
filed with the Department of State on 8/24/2010,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

HELPING HANDS REHABILITATION CENTER INC

Correct the inaccuracy, incorrect statement, or defect:

HELPING HANDS REHABILITATION CENTER INC



(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.)

TAMEKA CAMPBELL

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00