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| (Requestor's Name) | |
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SECRETARY OF STATE

FEB 1 9 2016 C. CARROTHERS

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| | dhood and Pethood, Inc. | | |
| DOCUMENT NUMBER: N10000008 | 073 | | |
| The enclosed Articles of Correction and fee | are submitted for filing. | | |
| Please return all correspondence concerning | g this matter to the following: | | |
| Kimberly L. Sapp | | | |
| Name of Contact Person Kimberly L. Sapp, P.A. Firm/Company | | | |
| 15 N. Oak Avenue | | | |
| Lake Placid, FL 33852 | | | |
| kimsapp@sapplawpa.co | | | |
| For further information concerning this matter, please call: | | | |
| Kim Sapp Name of Contact Person | at (863) 465-7278 Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amou | nt: | | |
| \$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

| Responsible Childhood and Pethood, Inc. Name of Corporation as currently filed with the Florida Dept. of | of State | |
|---|---|----------------|
| N1000008073 | | |
| Document Number (if known) | | |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doc | Statutes, this corporation files ument being corrected. | |
| These articles of correction correct Annual Report - 2016 (Document Type Bei | ng Comerted) | |
| filed with the Department of State on 1/26/2016 | - | |
| (File Date of Document) | | |
| Specify the inaccuracy, incorrect statement, or defect: | | |
| Add an additional director so that the total number of | of directors is 3. | _ |
| | | _ |
| | Dy: | 9107 |
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| | ASS | _ ~ ~ |
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| | | – ۾ |
| Correct the inaccuracy, incorrect statement, or defect: | ar. | رن در |
| Add the following director: | | |
| Leila McGovern | | |
| 1542 Churchill Street | | _ |
| Lake Placid, FL 33852 | , , , , , , , , , , , , , , , , , , , | _ |
| | | _ |
| | | - |
| (Springure of a director, president or other officer - if directors or of for been selected, by an incorporator - if in the hands of the receive other court appointed fiduciary, by that fiduciary.) | ficers have er, trustee, or | - |
| Kimberly L. Sapp | Attorney | |
| (Typed or printed name of person signing) | (Title of person signing) | - |

Filing Fee: \$35.00