N19 00000 3674

(Requ	estor's Name)	
	 	
(Addre	255)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	MAIT WAIT	MAIL
(Busin	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



500327573255

04/15/19--01028--004 **43.75



R. WHITE APR 19 2019

COVER LETTER

TO: Amendment Section Division of Corporations	
subject: Preservation of	Home town Hero's and Funilies, Inc.
DOCUMENT NUMBER: N 190	00003674
The enclosed Articles of Correction and f	ce are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Joan L Cook Name of Contact Person	
Firm/Company	
2116 Hadleigh Hills	<u>C</u> +
Navavre F1 325 City/State and Zip Code	566
E-mail addless: (to be used for future arrhual	neport notification)
For further information concerning this m	natter, please call:
Name of Contact Person	at (200) 602 5373 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□ \$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
Preservation of Hometown Heirs and Families, Dr
Name of Corporation as currently filed with the Florida Dept. of State TAL 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 the Corporation (Document Type Being Corrected)
filed with the Department of State on April 2 2019 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
The word Hero's in the title should be "Heroes"
Correct the inaccuracy, incorrect statement, or defect:
It should raid
Preservation of Hometown Heroes and Families, INC

Filing Fee: \$35.00

(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.)

Enclosed is a check for the following a	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		
Preservation of Home town Hero's and Families; Inc. Name of Corporation as currently filed with the Florida Dept. of State		
N 1 90	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 Avhales of Linear Director (Document Type Being Corrected)		
filed with the Department of State on _		
Specify the inaccuracy, incorrect states	ment, or defect:	
the word Hero's in the title should read		
"Heroes"		