

N2000000 4673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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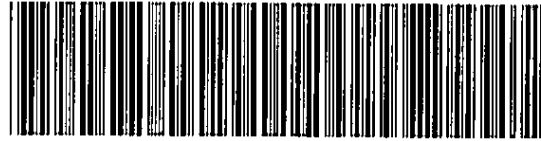
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

all  
6/19/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Life Transitional Housing and Service, Inc

Name of Corporation

**DOCUMENT NUMBER:** N20000004673

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

Please return all correspondence concerning this matter to the following:

Tiffany A. Richburg

Name of Contact Person

New Life Transitional Services, Inc

Firm/Company

15514 Bawtree Gate Lane

Address

Ruskin, FL 33573

City/State and Zip Code

tiffanyrichburg@nlths.org

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

For further information concerning this matter, please call:

Tiffany A. Richburg

Name of Contact Person

at ( 813 )

Area Code

710-3818

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF CORRECTION

FILED

For

2020 MAY 20 PM 3: 57

New Life Transitional Housing and Service, Inc

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

SECRETARY OF STATE  
TALLAHASSEE, FL

N20000004673

Document Number (if known)

Pursuant to the provisions of Section 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 Incorporation  
(Document Type Being Corrected)

filed with the Department of State on 04/30/2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Requesting correction of corporation's name as follows:

OLD NAME: New Life Transitional Housing and Service, Inc

OLD ADDRESS: 15514 Bawtree Gate Lane, Ruskin, FL 33573

NEW NAME: New Life Transitional Services, Inc

NEW ADDRESS: 401 East Jackson Street, Suite 2340, Tampa, FL 33602

Correct the inaccuracy, incorrect statement, or defect:

Please correct organization information as follows:

New Life Transitional Services, Inc

401 East Jackson Street, Suite 2340

Tampa, FL 33602

Tiffany A. Richburg  
(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.)

Tiffany A. Richburg  
(Typed or printed name of person signing)

CEO (Executive Director)  
(Title of person signing)