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TO:

Amendment Section Division of Corporations

SUBJECT: _ Paw Life Animal Rescue, Incorporated Name of Corporation DOCUMENT NUMBER: N20000005681 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lynette McCabe, President Name of Contact Person PawLife Animal Rescue, Incorporated Firm/Company PO Box 676 Address Largo, FL 33779 City/State and Zip Code pawlifeanimalrescue@gmail.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Lynette McCabe Name of Contact Person Enclosed is a check for the following amount: S43.75 Filing Fee & Certificate of Status **■** \$35.00 Filing Fee ☐ \$52.50 Filing Fee, Certificate of Status & ☐ \$43.75 Filing Fee & Certified Copy Certified Copy Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Paw Life Animal Rescue, Incorporated	
Name of Corporation as currently filed with the	ne Florida Dept. of State
N20000005681	
Document Number (17 known)	
,	
Pursuant to the provisions of Section 617.0124, Florida S Articles of Correction within 30 days of the file date of the	tatutes, this corporation files these ne document being corrected.
These articles of correction correct Articles of Corporation	;
	cument Type Being Corrected)
filed with the Department of State on May 28, 2020	f Document)
(The Date o	Document
Specify the inaccuracy, incorrect statement, or defect:	
Paw Life Animal Rescue, Incorporated should be as follows: Paw	Life Animal Rescue, Incorporated, the space
between 'Paw' and 'Life' should be omitted.	
	
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Correct the inaccuracy, incorrect statement, or defect:	
PawLife Animal Rescue, Incorporated	12
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A. McCaGe	
(Signature of a director, president or other officer not been selected, by an incorporator - if in the ha other court appointed fiduciary, by that fiduciary	nds of the receiver, trustee, or
Lynette McCabe	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00