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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **NURSES CARE GLOBAL CORP**

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## **COVER LETTER**

H23000298785

TO: Amendment Section Division of Corporations		
SUBJECT: Nurses Care Gy	deal Corp	<del></del>
DOCUMENT NUMBER: N23000	0007863	
The enclosed Articles of Correction and fe	e are submitted for filing.	
Please return all correspondence concerning		
William Denson Name of Connect Person		<b>20</b>
C/o David M. Schemman C	PA PA	2023 AUG 28
3107 Peachtree Cir		28 AM HASSE
Davic, FL 33328		EE' L
City/State and Zip Code		一
Bill Denson 2014 @ Yahaa	ort notification)	·
For further information concerning this mat	ter, please call:	
William Denson Name of Contact Person	at (850 ) 485 ~ 3153 Area Code Daytime Telephone Number	-
Enclosed is a check for the following amoun	nt:	
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
S43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section	Street Address:	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H23000298785

## ARTICLES OF CORRECTION

For

Nurses Care Global Corp  Name of Corporation as curronly filed with the Florida Dept. of State
N2300007863 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 Florida Non Profit Corporation:
These articles of correction correct Florida Non Profit Corporation (Document Type Being Corrected)  filed with the Department of State on 6-23-23  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Original Articles did not contain dissolution may
clause.
Correct the inaccuracy, incorrect statement, or defect:  Upon the dissolution of the organization, assets
shall be distributed for one or more exempt
purposes within the meaning of section 501(c)(b) of
the Internal Revenue Cate, or corresponding Section of any
future federal tax code, or shall be distributed to the
federal government, or to a state or local opvernment for a
public purpose
(Signature of a director, prosident or other officer - if directors or officers have not been selected, by an incorporator - if in the heads of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Stephanic E. Scheinman  Typed or printed name of person signing)  (Title of person signing)
Filing Fee: \$35.00