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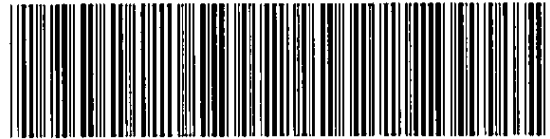
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

August 11, 2029

SUBJECT: Source Ministry of Healing, Inc.
Name of Corporation

DOCUMENT NUMBER: N24000006774

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

Please return all correspondence concerning this matter to the following:

~~Michael~~ Michael Kruchten, Esq.
Name of Contact Person

Kruchten Law Firm, LLC
Firm/Company

4787 Europa Drive
Address

Naples, FL 34105
City/State and Zip Code

KLFLAW@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kruchten at (239) 776-8677
Name of Contact Person Area Code 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

For

Source Ministry of Healing, Inc.
Name of Corporation as currently filed with the Florida Dept. of State

N24000006774
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct original Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on 6/4/24
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- 1) Secretary was listed as: Last name: Jerome First name: Jean
- 2) President was listed as: Last name: Pierre First name: David J
- 3) Vice President was listed as: Last name: Pierre First name: Edeline J
- 4) The Principle and mailing address were both listed as: 4701 Golden Gate Parkway, Naples, FL 34116
Correct the inaccuracy, incorrect statement, or defect: Two word first name.
- 1) Secretary's correct Last name: Jerome First name: Jean Dieune
- 2) President's correct Last name: Jeanpierre First name: David
one word
- 3) Vice President's correct Last name: Jeanpierre First name: Edeline
one word
- 4) The correct Principle and mailing address are both: 5003 Tamiami Trail East
Michael Kruchten Naples Florida 34113
(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.)

Michael Kruchten
(Typed or printed name of person signing)

Registered Agent
(Title of person signing)

Filing Fee: \$35.00

And By: S/Edeline Jeanpierre
Edeline Jeanpierre
Vice President