N24000013053

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT:Aging Care Foundation, INc	Name of C	Corporation	
DOCUMENT NUMBER: N24000013053	ivanie or C	огрогация	
The enclosed Articles of Correction and for	fee are s	submitted for	or filing.
Please return all correspondence concerni	ing this	matter to the	he following:
Tara Winner			
Name of Contact Person			
Aging Carc Foundation, Inc			
Firm/Company	_		
712 S Oceanshore Blvd			
Address			•
Flagler Beach, FL 32136			
City/State and Zip Code agingcarefoundation@outlook.com		-	
E-mail address: (to be used for future annual r	report notif	fication)	
For further information concerning this m	natter, p	lease call:	
Tara Winner	at (386	681-8193
Name of Contact Person	a. (Area Code	Daytime Telephone Number
Enclosed is a check for the following amo	ount:		
□ \$35.00 Filing Fee		843.75 Filir	ng Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy		\$52.50 Filir Certi	ng Fee, Certificate of Status & fied Copy
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327			Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

AGING CARE FOUNDATION, INC.

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

For For State N24000013053 Document Number (if known)

Pursuant to the provisions of Section 61 Articles of Correction within 30 days o	17.0124, Florida Statutes, this corporation files these f the file date of the document being corrected.
These articles of correction correct N24	000013053
	(Socialization Type Being Contours)
filed with the Department of State on $\frac{1}{2}$	(File Date of Document)
Specify the inaccuracy, incorrect statem Article III	·
PRIVATE FOUNDATION FOR COMMUN	ITY OUTREACH SERVICES TO HELP VETERANS
AND LOW INCOME INDIVIDUALS OBTA	AIN HOMECARE SERVICES IN THEIR HOME.
Correct the inaccuracy, incorrect statem	nent, or defect:
Aging Care Foundation is organized exclusiv	ely for Public Charity. Our Community outreach program will
raise money to provide Home Health Care Se	rvices for Veterans and low-income individuals to provide services
in their homes for the purposes under section	501(c)(3) of the internal Revenue Code, or corresponding section
of any future federal tax code.	
,	
not been selected, by a	r, president or other officer - if directors or officers have un incorporator - if in the hands of the receiver, trustee, or fiduciary, by that fiduciary.)

(Typed or printed name of person signing)

Tara Winner

President

(Title of person signing)

Filing Fee: \$35.00

ARTICLES OF CORRECTION

ARTICLES OF CO	RRECTION	
For	ORRECTION Or Handle Control of State	A/L
AGING CARE FOUNDATION, INC	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ک ^ک ورد
Name of Corporation as currently filed wi	th the Florida Dept. of State	14.
N24000013053	· .	13/1/2
Document Number (if i	known)	1.77
Pursuant to the provisions of Section 617.0124, Florida Articles of Correction within 30 days of the file date of	a Statutes, this corporation files these f the document being corrected.	
These articles of correction correct N24000013053	(Document Type Being Corrected)	
filed with the Department of State on 11/8/2024	(Document Type Being Corrected)	
Specify the inaccuracy, incorrect statement, or defect: Article III		
PRIVATE FOUNDATION FOR COMMUNITY OUTREACH	SERVICES TO HELP VETERANS	
AND LOW INCOME INDIVIDUALS OBTAIN HOMECARE	SERVICES IN THEIR HOME.	
Correct the inaccuracy, incorrect statement, or defect: Aging Care Foundation is organized exclusively for Public Cha	wity Our Community outreach program, will	
		
raise money to provide Home Health Care Services for Veteran		<u> </u>
in their homes for the purposes under section 501(c)(3) of the ir	nternal Revenue Code, or corresponding section	
of any future federal tax code.		
		_
(Signature of a director, president or other offinot been selected, by an incorporator - if in the other court appointed fiduciary, by that fiduciary	e hands of the receiver, trustee, or	
Tara Winner	President	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00