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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | <u>,</u> |
| (Ac | ldress) | <u>,,</u> |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | MAIT | MAIL |
| (Bı | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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DE JAN 31 PH 12: 23

Articles of Correction

Office Use Only

T BROWN FEB - 3 2005

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: Better Day (Name of Corp. | xation) Inc |
| DOCUMENT NUMBER: POS 00002 | 777 |
| The enclosed Articles of Correction and fee are sub | mitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Surah (Name of Po | 300) |
| Better Day Zune of Furne | in The |
| 7851 Supply Dave | |
| Fort Myus, E City/State and 2 | 33912 ip Code) |
| For further information concerning this matter, plea | se call: |
| Sara At at (2 | (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, Florida 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 |

ARTICLES OF CORRECTION

FILED

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| Document Number (if known) | |
|--|-----|
| Pursuant to the provisions of Section 607.0124 or 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 Nanda Hofit HYJC 15 OT LICO YOU CO TIC | 'nγ |
| filed with the Department of State on | |
| Specify the inaccuracy, incorrect statement, or defect: Officer Director Detail - name detail is Incorrect as Mark To Ash | |
| | |
| | |
| Correct the inaccuracy, incorrect statement, or defect: Officer Director Detail Showa read as follows | |
| Mark T. Wiles | |
| 7851 Supply Dave | |
| # Mycrs. 12 33912 | |
| | |
| (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.) | |

Mark Typed or printed name of person signing)

tresident
(Title of person signing)

Filing Fee: \$35.00