

P0700000482/0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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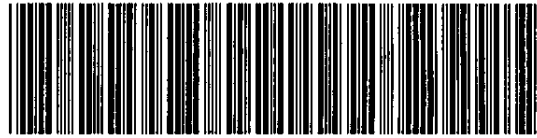
(Business Entity Name)

(Document Number)

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07 MAY 29 AM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESCAPE DAY SPA ONE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000048210

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

Please return all correspondence concerning this matter to the following:

NGOC V NGUYEN

(Name of Contact Person)

ESCAPE DAY SPA ONE, INC.

(Firm/Company)

238 ALEXANDRIA PLACE DRIVE

(Address)

APOPKA, FL 32712

(City/State and Zip Code)

For further information concerning this matter, please call:

NGOC V NGUYEN

(Name of Contact Person)

at (321) 356-3961

(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

WLOK 7/1/02

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

100-111111-1000

ARTICLES OF CORRECTION

for

ESCAPE DAY SPA ONE, INC.

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

P07000048210

Document Number (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 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 THE ARTICLES OF INCORPORATION,
(Document Type Being Corrected)

filed with the Department of State on APRIL 20, 2007.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE PRINCIPAL PLACE OF BUSINESS WAS INCORRECTLY FILED AS:

186 TOWN CENTER CIRCLE

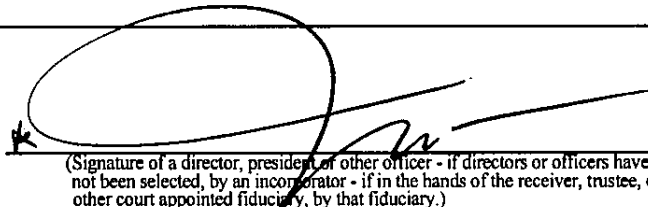
SANFORD, FL 32771

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT ADDRESS SHOULD BE:

184 TOWN CENTER CIRCLE

SANFORD, FL 32771


(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.)

NGOC V NGUYEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00