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| PICK-UP WAIT MAIL | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
AHASSEE, FLORID

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COVER LETTER

'TO: 'Amendment Section Division of Corporations

| SUBJECT: MS. JOHNNIES, INC. | Name of Corporation) | | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: P0800010 | • • | | | | |
| The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: | | | | | |
| | | | | | |
| (Name of Confact Person) | | | | | |
| (Firm/Company) | | | | | |
| 2899 SE Italy St. | | | | | |
| (Address) | | | | | |
| Port St. Lucie, FL 34952 (City/State and Zip Code) | | | | | |
| For further information concerning this m | atter, please call: | | | | |
| Lisa Rankin (Name of Contact Person) | at (772) 215-2944 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amo | ount: | | | | |
| ☑ \$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

ARTICLES OF CORRECTION

FILED

2008 DEC -1 PM de 41

for

MS. JOHNNIES, INC.

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

SECRETARY OF STATE ALLAHASSEE FLORIDA

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| Document Number (if known) | | | | | | |
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| Pursuant to the provisions of Section 607.0124 or 617. these Articles of Correction within 30 days of the file of | 0124, Florida Statutes, this corporation files late of the document being corrected. | | | | | |
| These articles of correction correct | | | | | | |
| | (Document Type Being Corrected) | | | | | |
| filed with the Department of State on $\frac{11/19/2008}{(800)}$ | te of Document) | | | | | |
| Specify the inaccuracy, incorrect statement, or defect: | , | | | | | |
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| Correct the inaccuracy, incorrect statement, or defect: Please make a name change for Corpora | tion from Ms. Johnnies, Inc. to | | | | | |
| Janie Gowns, Inc. | | | | | | |
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| (Signature of a director, president or other offinot been selected, by an incorporator - if in the other court appointed fiduciary, by that fiduce | te hands of the receiver, trustee, or | | | | | |
| Lisa Rankin | President | | | | | |

Filing Fee: \$35.00