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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CECY'S FULL SERVICE SALON, INC. DOCUMENT NUMBER: P09000062922 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA C GIBSON Name of Contact Person CECY'S FULL SERVICE SALON, INC. Firm/Company 2213 SE 27 DRIVE Address HOMESTEAD, FL 33035 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUDITH CREQUE 3231059 Name of Contact Person Enclosed is a check for the following amount: **□** \$35.00 Filing Fee ✓ \$43.75 Filing Fee & Certificate of Status \$52.50 Filing Fee, Certificate of Status & Certified Copy \$43.75 Filing Fee & Certified Copy **Mailing Address:** Street Address: **Amendment Section** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

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ALLAHASE	LOF STATE E. FLORIDA
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CECE'S FULL SERVICE SALON, INC.

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

Name of Corporation as contently fired with the Florida Dept. of State
P0900062922 Document Number (if known)
Document (white (it with the
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 ARTICLES OF INCORPORATION ,
(Document Type Being Corrected)
filed with the Department of State on(File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
The name of the Company.
·
Correct the inaccuracy, incorrect statement, or defect:
The name of the Company should be: CECY'S FULL SERVICE SALON, INC.
Maria - C. Gibson
(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.)

Filing Fee: \$35.00

PRESIDENT
(Title of person signing)

MARIA C GIBSON

(Typed or printed name of person signing)