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TO:

Amendment Section Division of Corporations

SUBJECT: CK HAIR EXPRESSIONS, INC **DOCUMENT NUMBER:** P10000090860 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VIVIEN L SWANSON Name of Contact Person Firm/Company 2522 SW 27TH AVE OCALA, FL 34471 City/State and Zip Code ZSVIVIEN@EMBARQMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:) 291-0800 VIVIEN L SWANSON Area Code & Daytime Telephone Number Name of Contact Person 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: **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 FILED

for

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no	gnature of a director, it been selected, by an her court appointed fi	incorporator - if in t	ficer - if directors or o he hands of the receiv ciary.)	fficers have er, trustee, o		

VIVIEN L SWANSON

(Typed or printed name of person signing)

REGISTER AGENT (Title of person signing)

Filing Fee: \$35.00