

P11000036962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

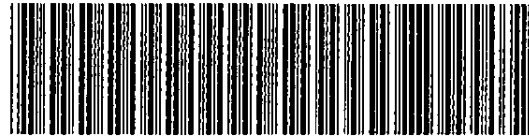
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400202950814

04/25/11--01032--018 **35.00

FILED
11 APR 25 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Proctor 4/27/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOISTURE MEDIC OF FLORIDA, INC
Name of Corporation

DOCUMENT NUMBER: P11000036962

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

Please return all correspondence concerning this matter to the following:

JOANEL KELLMAN

Name of Contact Person

CAPITAL ONE ACCOUNTING SOLUTIONS, P.A.

Firm/Company

3213 NE 16TH STREET, 111

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

tonyazeem@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanel Kellman

Name of Contact Person

at (954) 612-1591

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

Street Address:

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

ARTICLES OF CORRECTION

for

MOISTURE MEDIC OF FLORIDA, INC

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

P11000036962

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 **OFFICER AND DIRECTOR DETAIL**
(Document Type Being Corrected)

filed with the Department of State on **4/15/2011**
(File Date of Document)

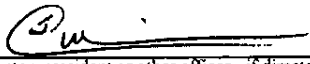
Specify the inaccuracy, incorrect statement, or defect:

THE COO NAME WAS LISTED AS AZEEM, BRYAN

FILED
11 APR 25 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

THE COO NAME SHOULD BE LISTED AS AZEEM, BRANDON


(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.)

JOANEL KELLMAN

(Typed or printed name of person signing)

REGISTER AGENT

(Title of person signing)

Filing Fee: \$35.00