

PI1000071435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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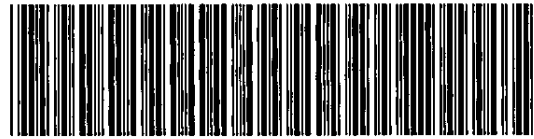
(Business Entity Name)

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CR
FEB 10 2014
R. WHELAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health FROM Nature Corp
Name of Corporation

DOCUMENT NUMBER: P11000071435

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

Please return all correspondence concerning this matter to the following:

Gina R Brin

Name of Contact Person

Health FROM Nature Corp

Firm/Company

4300 NW 114 Ave

Address

Sunrise FL 33323

City/State and Zip Code

Ginabrin@yahoo.com

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

For further information concerning this matter, please call:

Gina Brin

Name of Contact Person

at (954) 865 1434

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

Health FROM Nature

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

P11000071435

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 ~~ADDRESS~~ Articles of Amendment

(Document Type Being Corrected)

filed with the Department of State on 1/15/2014

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The CORPORATION MAIN LOCATION
IS :

4300 NW 114 AVE
SUNRISE FL 33323

Correct the inaccuracy, incorrect statement, or defect:

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TALLAHASSEE, FLORIDA

[Signature]
(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.)

Gina Bojin

(Typed or printed name of person signing)

PST

(Title of person signing)

Filing Fee: \$35.00