011000099196

(Requ	estor's Name)
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	ime)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		

Office Use Only



200215053572

12/12/11--01015--005 **35.00



Ant of Con C.COULLIETTE

DEC 13 2011

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	Division of Corporations		
SUBJECT: The Natu	val Way Inc. me of Corporation 000099196		
DOCUMENT NUMBER: 7 11 00 00 99 196			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Katherne Cruzalegui			
The Natural Way Inc.			
17 E. Flagler St. Ste 219			
Miami, FL 33131 City/State and Zip Code			
live then atural	way a hotmail. com		
For further information concerning this matter, please call:			
Katherine Cruzalegiai 305, 510 4210 Name of Contact Person 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

The Natural Way Fnc.

Name of Corporation as currently filed with the Florid/Dept. of State

P11000099196

Document Number (if known)

· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files hese Articles of Correction within 30 days of the file date of the document being corrected.
hese Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct (Document Type Being Corrected) The site of the document being corrected.
iled with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
Principal Address: 600 SW. 4th Ave. Fort Cauderdale, FL. 33315
Fort Cauderdale, FL. 33315
Mailing Address: 600 SW. 4th Ave. Fort Lauderdale, FL 33315
Fort Lauderdale FL 33315
Correct the inaccuracy, incorrect statement, or defect: Principal Address: 17 E. Flagler St. Ste 219 Wiami, FL. 33131
Mauling Address: 17 E. Flagur St. Ste 219 Miami, FL. 33131
(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.)

Katherine Cruzalegui

President
(Title of person signing)

Filing Fee: \$35.00