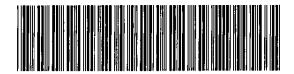
## P11000099930

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10P

## **COVER LETTER**

TO: Amendment Section Division of Corporations	•	
SUBJECT: A PARAC DOCUMENT NUMBER: 1100	Jise Home ALF Inc 609930	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
US HiNA Pere Name of Contact Person	<del>ک</del>	
Firm/Company		
13219 44th Plan	e North	
13219 44th Place North.  Royal falm Beach 1133411  City/State and Zip Code		
E-mail address: (to be used for future annual rep	COM ·	
For further information concerning this material description of Contact Person	ter, please call:  _at (	
Enclosed is a check for the following amou	nt:	
¥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 327 Tallahasses FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF CORRECTION FILED

for 2011 DEC -7 PM 1: 07
HARRA JUSE HOME ALT SEER ARY OF STATE  Name of Corporation as cultrently filed with the Florida Dept. of State  FALLAHASSEE. FLORID
P11000099930
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 Atticles of Correction Correc
filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
I need to correct the corporation name to.
A PARADISE HOME CARE ALF Inc. PARAdise Should be SDELL
OUT WITH ONE R INSteaded 2 R
Correct the inaccuracy, incorrect statement, or defect:
The correct name is A PARA dise
Home ALF Inc.
(Signature of a director, plastdent or other afficer - if directors at officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
US HIVA POJET  (Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35.00