

P120000000242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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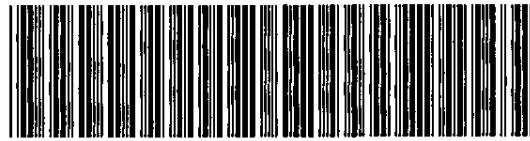
(Business Entity Name)

(Document Number)

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JAN 30 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JESSCARE INC.

Name of Corporation

**DOCUMENT NUMBER:** P12000000242

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

Please return all correspondence concerning this matter to the following:

JESSIKA SMITH

Name of Contact Person

JESSCARE INC.

Firm/Company

145 WEST BAYRIDGE DRIVE

Address

WESTON, FLORIDA 33326

City/State and Zip Code

JESSIKASMITH@EMAIL.COM

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

For further information concerning this matter, please call:

JESSIKA SMITH

Name of Contact Person

at ( 954 ) 296-6934

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

**JESSCARE INC.**

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

**P12000000242**

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 ARTICLE III  
(Document Type Being Corrected)

filed with the Department of State on JANUARY 3, 2012  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Any and all lawful business.

Correct the inaccuracy, incorrect statement, or defect:

The purpose for which this corporation is organized is to offer, perform and sell non-medical home care aid, personal care aide assistance, and companion care services and personal emergency response products and services under the trade name "Home Helpers and Direct Link" pursuant to franchise agreements between the corporation[or Company] and H.H. Franchising Systems, Inc. and to do all things necessary and incident thereto, and for no other purpose.



(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.)

**Jessika I. Smith**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**

12 JAN 30 AM 11:57

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