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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ADELCARE 2, INC		
DOCUMENT NUMBER: P1200001	Name of Corporation	
The enclosed Articles of Correction and fe	ee are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
VICTOR M MAEZTU II		
Name of Contact Person		
ADELCARE II, INC		
Firm/Company		
504 MOROCCO AVE		
Address		
ORLANDO FL 32807-1220		
City/State and Zip Code		
ADELCARE@GMAIL.COM		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this ma	atter, please call:	
VICTOR M MAEZTU II Name of Contact Person	at (407) 314-3337 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
\$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:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
1 ananassee, 1 is 52517	Tallahassee, FL 32301	

ARTICLES OF CORRECTION

for

iOi		
ADELCARE 2, INC		
Name of Corporation as currently filed with the Florida Dept. of State		
P12000010422 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corpthese Articles of Correction within 30 days of the file date of the document being correction.	poration ected.	files
These articles of correction correct ARTICLES OF INCORPORATION (Document Type Being Corrected)	 ,	,
filed with the Department of State on 01/31/2012 (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
NAME OF CORPORATION APPLIED FOR, "ADELCARE 2, INC", WAS SE	ELLED)
INCORRECTLY.		
		BIV.
	77	900 SEC
		<u>*</u> 주지-
	<u>ω</u>	- 2 2 2 1
		중유
	Ċ	AIIC
Correct the inaccuracy, incorrect statement, or defect:	œ	Ť
CORRECT SPELLING OF NAME OF CORPORATION IS:		
ADELCARE II, INC		
THE NUMBER TWO SHOULD BE IN ROMAN NUMERALS.		
(Signature of a director, president of 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.)		
VICTOR M MAEZTU II VI	Þ	

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)