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SECRETARY OF THE LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BEST CHOICE SOLUTIONS CORP.		
DOCUMENT NUMBER:		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
AMY Jennings Name of Contact Person		
BEST CHOICE SOLUTIONS CORP		
1147 RIALTO DRIVE		
BOYNTON Beach, FL 33436 City/State and Zip Code		
ajennings 1974 @ yahoo.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Amy Jennings Name of Contact Person	at (561) 876 - 7995 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

Best CHOICE SOLUTIONS	COEP.
Name of Corporation as currently filed with the Florida Dept. of State	
Document Number (if known)	
Pursuant to the provisions of Section 607 0124 or 617 0124. Florida Statutes	this corneration files
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document be	eing corrected.
These articles of correction correct	,
filed with the Department of State on 615/2013 (File Date of Document)	•
Specify the inaccuracy, incorrect statement, or defect:	
ADDITIONAL OFFICERS TO BE	FADDED.
ADD OWNER SHIP % CHANGE	ΞD.
Correct the inaccuracy, incorrect statement, or defect:	
AMY JENNINGS PRES	2U%
John M. TELVOCK SR. V.P.	22°/
	NAME 230
SUSAN TELVOCK VP. OPERATIONS	THE SUCK SOL
	CRET
	₩ 2
(shuhu)	
(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.)	
N.A. (\-\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	Do
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00