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| Special Instructions to Filing Officer: | | |
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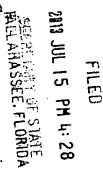
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COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: D'VINE THERAI | PY SERVICES INC | | |
| • | Name of Corporation | | |
| DOCUMENT NUMBER: P13000054 | +921 | | |
| The enclosed Articles of Correction and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| FLOR CASTRO | | | |
| Name of Contact Person | | | |
| | | | |
| Firm/Company | | | |
| 1275 W 47TH PLACE SUITE 328 | | | |
| Address | | | |
| HIALEAH, FL 33012 | | | |
| City/State and Zip Code | | | |
| | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| FLOR CASTRO | at (786)683-3869 | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for the following amo | oint. | | |
| ■ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | |
| - | - C | | |
| ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | |
| | | | |
| Mailing Address: Amendment Section | Street Address: | | |
| Division of Corporations | Amendment Section Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILED

For

2019 JUL 15 PM 4: 28

D'VINE THERAPY SERVICES INC

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

| PALL AHASSEE, FLORIDA | PALL AHASSEE, FLORIDA |

Document Number (if known)

| | , |
|---|---|
| Pursuant to the provisions of Section 607.0124 or 617.0 these Articles of Correction within 30 days of the file days | 124, Florida Statutes, this corporation files |
| | |
| These articles of correction correct Articles of I | Document Type Being Corrected) |
| filed with the Department of State on 06/26/2013 | e of Document) |
| Specify the inaccuracy, incorrect statement, or defect: | |
| PRINCIPAL AND MAILING ADDRESS IS | MISSING THE SUITE NUMBER |
| | |
| | |
| Correct the inaccuracy, incorrect statement, or defect: PRINCIPAL AND MAILING ADDRESS C | ORRECT AS FOLLOW: |
| 1275 W 47TH PLACE SUITE 328 | |
| HIALEAH, FL 33012 | |
| | |
| | |
| (Signature of a director, president or other offic not been selected, by an incorporator - if in the other court appointed fiduciary, by that fiduciary | hands of the receiver, trustee, or |
| FLOR CASTRO | PRESIDENT |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00