

P130000065037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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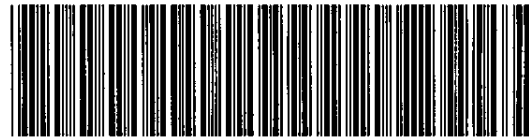
(Business Entity Name)

(Document Number)

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FALL 2014

PRM
11-18-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Serenity Solutions Inc
Name of Corporation

DOCUMENT NUMBER: P13000065037

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

Please return all correspondence concerning this matter to the following:

Patrice Bowes
Name of Contact Person

Serenity Solutions Inc
Firm/Company

1964 SE Korona Drive
Address

Port Saint Lucie, FL 34952
City/State and Zip Code

info@reachforserenity.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrice Bowes at (772) 985-6754
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

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STATE
TALLAHASSEE, FL

ARTICLES OF CORRECTION

For

Serenity Solutions Inc

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

P130000D65037

Document Number (if known)

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STATE OF FLORIDA
SECRETARY OF STATE

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 Articles of Incorporation
(Document Type Being Corrected)

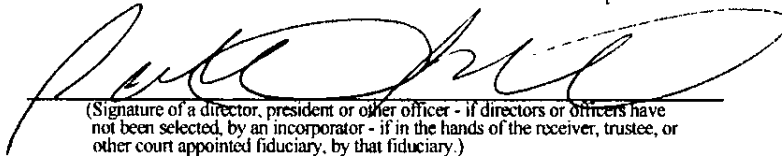
filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- ① Change of address
- ② Assignment of Officer

Correct the inaccuracy, incorrect statement, or defect:

- ① 1964 SE Korona Drive, Port Saint Lucie,
FL 34952
- ② Patrice Bowes - Owner/President


(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.)

Patrice Bowes
(Typed or printed name of person signing)

Ent MHT3254
Filing Fee: \$35.00

owner/registered agent
(Title of person signing)