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C. LEWIS
FEB - 5 2014
EXAMINER

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: FOR HIM Glo | one Consultions Com | | | |
| | _ | | | |
| DOCUMENT NUMBER: P14000006645 | | | | |
| The enclosed Articles of Correction and fee | are submitted for filing. | | | |
| Please return all correspondence concerning | this matter to the following: | | | |
| Carlos Rivera Name of Contact Person | <u> </u> | | | |
| Name of Contact Person | | | | |
| For His Glopey Consulfing Corp | | | | |
| 605 CASA PARK CT J Address | | | | |
| Address | | | | |
| Winter Springs FL 32708 City/State and Zip Code | | | | |
| | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, places call. | | | | |
| For further information concerning this matter, please call: | | | | |
| Name of Contact Person at (467) 860 - 6349 Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| | | | | |
| Enclosed is a check for the following amour | nt: | | | |
| \$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 | Street Address: Amendment Section | | | |
| Division of Corporations | Division of Corporations | | | |
| D. Box 6327 Clifton Building | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

APPROVED / MD F ED

ARTICLES OF CORRECTION

14 FEB -3 PH 3: 21

For

| | For | SECONDARY | 4.5 315 |
|--|--|---|---------|
| FOR Him Gh | on as currently filed with the Florida | ing Corp | · ; |
| | 1 00000 664 Document Number (if known) | | |
| Pursuant to the provisions of Section 60 these Articles of Correction within 30 d. | avs of the file date of the | document being corrected | |
| These articles of correction correct A | PATICIES OF Document Ty | Encorporation pe Being Chrected) | _• |
| These articles of correction correct filed with the Department of State on | 01 21 2014 (File Date of Documer | it) | |
| Specify the inaccuracy, incorrect statem | | | |
| NAME: FOR Him GI | | g Lorp | |
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| | | | <u></u> |
| | | | |
| | | | |
| Correct the inaccuracy, incorrect stateme | ent, or defect: | | |
| NAME: FOR HIS G | | ng Corp | |
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| | Me To a | | |
| not been selected, by a | president or other officer - if director n incorporator - if in the hands of the iduciary, by that fiduciary.) | s or officers have receiver, trustee, or | |
| Coolos Livera | | PRESINE | |
| Unolos Molocola | | 1 NES/NE | 2/7 |

Filing Fee: \$35.00

(Typed or printed name of person signing)

(Title of person signing)