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02/18/14--01007--014 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: DEVOE COUNSELL	NE FOR HOPE & HEALINE, IN
DOCUMENT NUMBER: P14000	0011159
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
ANGEL DEVOE Name of Contact Person	
DEVOE COUNSELING FOR Firm/Company	HOPE & HEALING, INC.
801 WEST BAY DRIVE	, STE 515
LAR40, FL 33770 City/State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this m	atter, please call:
ANGEL DEVOE Name of Contact Person	at (727) 421 - 6926 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: 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

DEVOE COUNSELING FOR HOPE & HEALING, INC. Name of Corporation as currently filed with the Florida Dept. of State
· · · · · · · · · · · · · · · · · · ·
P140000 III 59 Document Number (if known)
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 FL PROFIT CORP ARTICLES OF TNURPOLATION (Document Type Being Corrected)
filed with the Department of State on 2/4/14. (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
INCORRECT APORESS FOR PRINCIPAL PLACE OF
BUSINESS, MAILING ADDRESS, REGISTERED AGENT,
INCORPORATOR AND OFFICER.
Correct the inaccuracy, incorrect statement, or defect:
CORRECT Appress is As Follows:
801 WEST BAY DLIVE STE 515 7
LARGO, FL 33770
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(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.)
SALI Val PRESIDENT
(Title of person signing) Filing Fee: \$35.00 ANSEL DEVOE