

P14000025686

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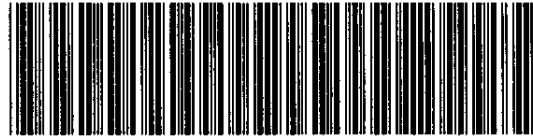
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TALLAHASSEE, FLORIDA

APR 07 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEARTACHE KIDS AND AVENTS, INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000025686

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

Please return all correspondence concerning this matter to the following:

**SARA SHAMES**

Name of Contact Person

**MAS TAX AND ACCOUNTING SERVICES, INC**

Firm/Company

**14263 SW 42 ST**

Address

**MIAMI, FL 33175**

City/State and Zip Code

**adriana@mastaxaccounting.com**

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

**SARA SHAMES**

Name of Contact Person

at ( **305** ) **227-7210**

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

**HEARTACHE KIDS AND AVENTS, INC**

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

**P14000025686**

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 **HEARTACHE KIDS AND AVENTS, INC**  
(Document Type Being Corrected)

filed with the Department of State on **03/20/2014**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

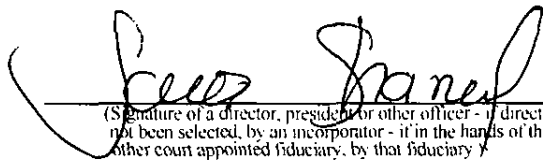
**THE CORRECT NAME IS: HEARTACHE KIDS AND EVENTS, INC**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
**14 APR - 1 AM 8:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

  
(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)

**SARA SHAMES**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**