

P14000042692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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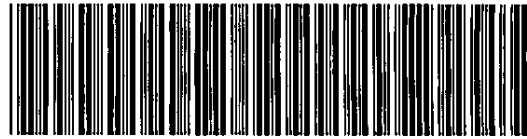
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN - 4 2014

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMMUNITY HEALTH AND FREEDOM, CORP.  
Name of Corporation

**DOCUMENT NUMBER:** W14000024692

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

Please return all correspondence concerning this matter to the following:

**PEDRO POLANCO**

Name of Contact Person

**COMMUNITY HEALTH AND FREEDOM, CORP.**

Firm/Company

**7523 ALOMA AVENUE, SUITE 210**

Address

**WINTER PARK, FLORIDA 32792**

City/State and Zip Code

**comhealthfreedom@gmail.com**

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

For further information concerning this matter, please call:

**PEDRO POLANCO**

Name of Contact Person

at ( **616** ) **633-7051**

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

**COMMUNITY HEALTH AND FREEDOM, CORP.**

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

**W14000024692**

Document Number (if known)

FILED

14 MAY 21 PM 3:51

TALLAHASSEE, FLORIDA

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 **PRINCIPAL PLACE OF BUSINESS**  
(Document Type Being Corrected)

filed with the Department of State on **MAY 12TH, 2014**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**Address: 7523 ALOMA AVENUE**

**Suite, Apt. #, etc.: SUITE 201-A**

**City, State: WINTER PARK, FL**

**Zip Code & Country: 32792**

Correct the inaccuracy, incorrect statement, or defect:

**Address: 7523 ALOMA AVENUE**

**Suite, Apt. #, etc.: SUITE 210**

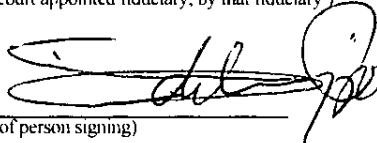
**City, State: WINTER PARK, FL**

**Zip Code & Country: 32792**

(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)

**PEDRO POLANCO**

(Typed or printed name of person signing)



**VICE PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**