

P14000068614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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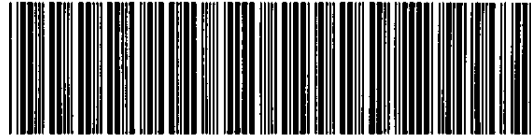
(Business Entity Name)

(Document Number)

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14 SEP -4 PM 1:49
STATE OF FLORIDA
DIVISION OF CORPORATIONS

C. Lewis
9-15-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INMED CARE, INC
Name of Corporation

DOCUMENT NUMBER: P14000068614

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

Please return all correspondence concerning this matter to the following:

Adriana B Insignares
Name of Contact Person

2257 Wild Tamarind Blvd
Firm/Company
Address

Orlando, FL 32828
City/State and Zip Code

adriananougues@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Insignares at (305) 9686433
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 checked="" 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

ARTICLES OF CORRECTION

SECRETARY OF STATE
DIVISION OF CORPORATIONS

For

14 SEP -4 PM 1:49

INMED CARE, INC

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

P14000068614

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 **Name of the corporations**
(Document Type Being Corrected)

filed with the Department of State on **August 17, 2014**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INMED CARE, INC

Correct the inaccuracy, incorrect statement, or defect:

INMED CARE Solutions, INC

(Signature of a director, president or other officer - if the 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.)

Adriana Insignares
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00