P14000080447

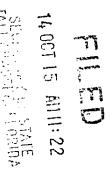
(Requestor's Name)				
(Address)				
(Ad	dress)	 		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
]				

Office Use Only



400265109884

10/15/14--01024--012 **35.00



CRM CRM

COVER LETTER

TO: Amendment Section Division of Corporation	ons				
SUBJECT: DIRECT HEL	Name of	Corporation	TSK CORP		,
DOCUMENT NUMBER: P	14000080447	· -			
The enclosed Articles of Corr	ection and fee are	submitted t	for filing.		
Please return all corresponder	nce concerning thi	s matter to	the following:		
ISABEL OSORI	A				
Name of C	ontact Person		- .		
DIRECT HELPERS ADVE		ORP.			
	Company		_		
10612 SW 23 T			_		
Addr					
MIAMI, FL 3316	e and Zip Code				14 OCT
MARYG64@HC		OΜ		25.5	
E-mail address: (to be used			_	71,-	
For further information conce	rning this matter,	please call:		25 25 25	क्षा ।।: 22
ISABEL OSORI	Α	786	660-1099	Dmi	22
Name of Contact Perso	n at	Area Coo	660-1099 de & Daytime Telephone Number	;	-
•					
Enclosed is a check for the fo	llowing amount:				
\$35.00 Filing Fee		☐ \$43.75 Filing Fee & Certificate of Status			
□ \$43.75 Filing Fee & Certif	ied Copy 🗖	☐ S52.50 Filing Fee, Certificate of Status & Certified Copy			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ai Di Ci 26	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF CORRECTION

For

DIRECT HELPERS ADVERTISING TSK CORP

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

P14000080447	76
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florid these Articles of Correction within 30 days of the file date of the details of the detail	ocument being corrected? □
These articles of correction correct OFFICER LAST NAME	IS OSORIA
filed with the Department of State on SEPTEMBER 30, 201 (File Date of Document)	seing Corrected)
Specify the inaccuracy, incorrect statement, or defect:	
OFFICER OF CORPORATION, PRESIDENT AND REGIS	TERED AGENT NAME
IS: ISABEL OSORIA	100
Correct the inaccuracy, incorrect statement, or defect:	
OFFICER OF CORPORATION, PRESIDENT AND REGIS	TERED AGENT NAME
WAS INCORRECTLY ENTERED AS:	
ISABEL ORIA	. 18.00
	- LAS-17-W
(Signature of a Arceter, president or other officer - if directors or not been selected, bytan incorporator - if in the hands of the receother court appropriate fiduciary, by that fiduciary.)	officers have giver, trustee, or
ISABEL OSORIA	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00