

P15000002952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271028407

03/31/15--01013--015 **35.00

FILED

15 MAR 31 AM 8:13

CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 03 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA LIFE & HEALTH CORP
Name of Corporation

DOCUMENT NUMBER: P15000002952

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

Please return all correspondence concerning this matter to the following:

GIL, YAIMA

Name of Contact Person

SOUTH FLORIDA LIFE & HEALTH CORP

Firm/Company

13707 SW 152ND STREET

Address

MIAMI, FL 33177

City/State and Zip Code

accounting@univistainsurance.com

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

For further information concerning this matter, please call:

GIL, YAIMA

Name of Contact Person

at (**305**) **835-6352**

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

SOUTH FLORIDA LIFE & HEALTH CORP

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

P15000002952

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation
these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **P15000002952**
(Document Type Being Corrected)

filed with the Department of State on **03/27/2015**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Correct the inaccuracy, incorrect statement, or defect:

CHANGE PRINCIPAL, MAILING, REGISTERED AGENT, AND OFFICER ADDRESS TO:

8242 NW 103TH STREET

HIALEAH, FL 33016

Yaima Gil

Digitally signed by Yaima Gil
DN: cn=Yaima Gil, o=Univista Insurance, ou=South Florida Life & Health
Corp, email=accounting@univistainsurance.com, c=US
Date: 2015.03.27 16:53:42 -0400

(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.)

YAIMA GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 31 AM 8:13

FILED