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articles of Correction & name Charge

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COVER LETTER

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TO: Amendment Section Division of Corporations	•	
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SUBJECT: HOrmones in	he of Corporation J. L.C.	
DOCUMENT NUMBER: 915000	D 69258	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Keisha Eberwein Name of Contact Person		
Firm/Company		
8585 SUNSET Drive +	+103.	
Mam FL 33143. City/State and Zip Code	•	
KeyedDC @homaul. (E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please call:		
Keisha Eberwein Name of Contact Person	at (386) 355 - 8831 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amour	nt:	
\$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
Hormone in Harmoni) Inc 2115 AUG 28 PM 4: 13
Name of Corporation as currently filed with the Florida Dept. of State 15000 16258 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 <u>Domestic</u> <u>Profit</u> Corrected)
filed with the Department of State on S 13 2015 . (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Name charge

Correct the inaccuracy, incorrect statement, or defect:
Hormones in Balance, Inc.
•
•
(Signature of adhector, 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.)
Keish Eberwein PSTD. (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00