

P15000083150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

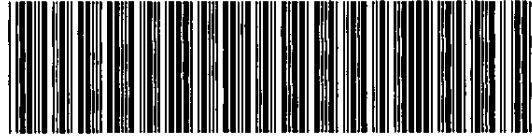
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200278024512

10/15/15--01013--019 **35.00

FILED
2015 OCT 15 PM 4:04
SECRETARY OF STATE
MAIL ROOM

10/15/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: She GOT, INC.
Name of Corporation

DOCUMENT NUMBER: P15000083150

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

Please return all correspondence concerning this matter to the following:

Stephanie SAPP
Name of Contact Person

Firm/Company

3112 Medical Way
Address

Sebring, FL 33870
City/State and Zip Code

Stephsapp5@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie SAPP at (863) 446-7987
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 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

For

She Got, INC.

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

P15000083150

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 Effective Date
(Document Type Being Corrected)

filed with the Department of State on 10/08/15
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Effective DATE 01/01/2016

FILED
2015 OCT 15 PM 4:04
DEPT. OF STATE
TALLAHASSEE, FL 32399

Correct the inaccuracy, incorrect statement, or defect:

Effective DATE 10/08/2015 (OR DATE THIS IS FILED)

Steph Sapp

(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.)

Stephanie SAPP

(Typed or printed name of person signing)

P

(Title of person signing)

Filing Fee: \$35.00