P15000091079

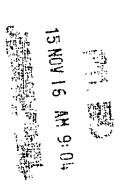
(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200279079952

11/16/15--01047--016 **\$2.50



NOV 1 8 2015 C MCNAIK



BeneTrends, Inc.

A Memo From Tel. 866-423-6387 Jen Rosenberger Fax 866-826-6701

Florida Department of State:

Please find the completed form to file: "Articles of Correction" for:

DevJohn Medical Incorporated

Please return the filed document to:

BeneTrends, Inc. Attn: Jen Rosenberger 1180 Welsh Road Suite 280 North Wales, PA 19454

If you require additional information, please call me toll free @ 866-423-6387.

Thank you & have a Great Day,

Jen Rosenberger jrosenberger@benetrends.com

November 13, 2015



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DevJohn Medical Incorpo	orated	
	Name of Corporation	
DOCUMENT NUMBER: P15000091	079	
The enclosed Articles of Correction and	fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Jennifer Rosenberger		
Name of Contact Person		
Benetrends Inc.		
Firm Company		
1180 Welsh Road Suite 280		
Address		
North Wales, PA 19454 City/State and Zip Code		
Oily, baile and hip could		
jrosenberger@benetrends.com E-mail address: (to be used for future annual r		
E-man address. (to be disect for intuite similar in	eport nonreadon)	
For further information concerning this ma	atter, please call:	
Jennifer Rosenberger	at (267) 328-1290	
Name of Contact Person	at (267) 328-1290 Area Code & Daytime Telephone Number	
Employed is a shock for the following array	4:	
Enclosed is a check for the following amou	MIL.	
□ \$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:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

DevJohn Med	cal Incorporated			0
	Name of Corporation as cu	arrently filed with the Florida Dept. of State	135	
	P15000091079			
	Docum	ent Number (if known)		
Pursuant to the provis these Articles of Corr	ions of Section 607.012 ection within 30 days o	24 or 617.0124, Florida Statutes, this file date of the document being	s corporation g corrected.	files
These articles of corre	ction correct Article	s of Incorporation (Document Type Being Corrected)		
filed with the Departn	ent of State on 11/5/	(File Date of Document)		
	, incorrect statement, of ident currently reads a			
				
•	incorrect statement, or			
The name of the Pro	sident should read as	Corlette DeVeaux		
,				
	 			
	<u>-</u>			
				
	(Signature of 4 director, promi- not been schoted by a root other court appointed Educar	ng or other follows - if directors or officers have penalty - if in the heads of the receiver, trustee, or y, by that fiducings.)		
Corlette DeVeaux		President		

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)