

P16000063622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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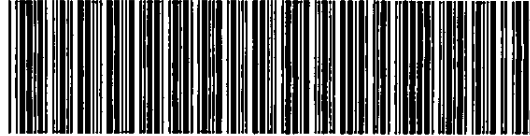
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 25 2016
C. CARROTHERS

ARTICLES OF CORRECTION

For

PURE HAIR INC

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

P16000063622

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 Florida Profit Corporation,
(Document Type Being Corrected)

filed with the Department of State on 07/29/2016.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer/Director Detail Inaccurate

Title P - ~~FARES~~ FARES, EHIL - not correct

Title VP - FARES, RANDA - not correct

Correct the inaccuracy, incorrect statement, or defect:

Officer/Director Detail

Title President

FARES, RANDA

801 Lakeshore Dr #306

West Palm Beach, FL 33403

No other Officers or Directors

x R. Fares

(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.)

Randa Fares

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PURE HAIR INC
Name of Corporation

DOCUMENT NUMBER: P16000063622

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

Please return all correspondence concerning this matter to the following:

Randa Fares
Name of Contact Person

PURE HAIR INC
Firm/Company

801 Lakeshore Dr # 306
Address

West Palm Beach, FL 33403
City/State and Zip Code

randafares@outlook.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Randa Fares at (561) 808-4088
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 |

X 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