

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: AND MY, William on 2/9/16 Special Instructions to Filing Officer: Special Instructions to Filing Officer: AND MY, William on 2/9/16 Special Instructions to Filing Officer: AND MY, William on 2/9/16 Special Instructions to Filing Officer: And FETH to document, Per his approval.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: HEAVENLY HANDS	Name of Corporation	
DOCUMENT NUMBER: P1800000	J5152	
The enclosed Articles of Correction and	fee are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
ETTA KOHL		
Name of Contact Person		
USA BUSINESS SERVICES, INC.		
1422 SE 8TH AVE		
Address		
CAPE CORAL, FL 33990		
City/State and Zip Code		
EKOHL@USABIZ.BIZ		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ETTA KOHL	at (239)826-7855	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following an	nount:	
■ \$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

HEAVENLY HANDS ASSISTED HANDS, INC.

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

P1800005152 Document Number (if known)	
filed with the Department of State on JANUARY 16, 2018	document being corrected. RPORATION pe Being Corrected)
Specify the inaccuracy, incorrect statement, or defect: THE NAME ON THE ORIGINAL FILING IS INCORRECT	Γ AS SHOWN ABOVE.
Correct the inaccuracy, incorrect statement, or defect: THE NAME SHOULD BE: HEAVENLY HANDS A	ASSISTED LIVING, INC.
FET/EIN# 82-3503445	
(Signature of a director, president or other officer - if director not been selected, by an incorporator - if in the hands of the other court appointed fiduciary, by that fiduciary.)	s of officers have
WILLIAM WILCOX	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00