

P1900000 4012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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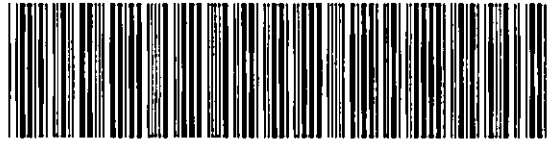
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 24 PM 4:32

JAN 31 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tranform Fit Inc.
Name of Corporation

DOCUMENT NUMBER: P1900000 4012

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

Please return all correspondence concerning this matter to the following:

Joilice Gordon
Name of Contact Person

Tranform Fit Inc.
Firm/Company

11620 Bartram Rd Apt 2312
Address

Jacksonville FL 32207
City/State and Zip Code

joilice.woods@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joilice Gordon at (352) 540 8101
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|---|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input checked="" 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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF CORRECTION

For

Tranform Fit Inc

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

P19000004012

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 1/10/19
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Tranform Fit Inc

Correct the inaccuracy, incorrect statement, or defect:

Tranform Fit Inc.

(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.)

Wilice Gordon

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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