P19000021352

	_	
(Re	questor's Name)	
	dress)	
(Ad	uless)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	1
	A STATE OF THE STA	
(Oc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



900326509069

US/25/19--U1U41--U12 ++52.50

2019 MAR 25 P IN 18

APR 03 2819 T. LEIMEUX

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Coast to Co	ast Healthcare Southions NorthIn
	00021352
The enclosed Articles of Correction and fe	re are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Andrea Lindo Name of Contact Person	
Coast to Coast Health	care Soultions North Inc.
1866 NW 94 Ave	
	33322
E-mail address' (to be sed for future annual re	port notification)
For further information concerning this ma	atter, please call:
Andrea Lindo	at (305) 528 - 9846
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	unt:
□ \$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

Coast to Coast Healthcare Soi	ultions North =
Name of Corporation as currently filed with the Florida Dept. of State	X1110112 1001 111
P1900021352 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124. Florida Statut these Articles of Correction within 30 days of the file date of the document. These articles of correction correct	es, this corporation files t being corrected.
filed with the Department of State on 3/6/2019	
Specify the inaccuracy, incorrect statement, or defect:	
Correct the inaccuracy, incorrect statement, or defect:	2018 M
	NAME 25
	2 0
	·
Almore To	
(Signature of a director, president or other officer - if directors or officers ha not been selected, by an incorporator - if in the hands of the receiver, trusted other court appointed fiduciary, by that fiduciary.)	
Andrea Lindo	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00