

P 190000 36658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

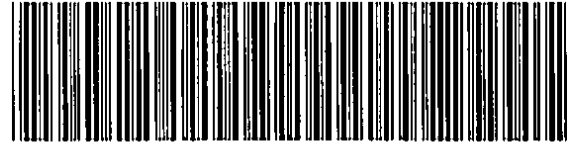
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLSHAY HARMANY HOME CARE INC

Name of Corporation

DOCUMENT NUMBER: P19000036658

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

Please return all correspondence concerning this matter to the following:

SHARON WILES

Name of Contact Person

WILLSHAY HARMONY HOME CARE INC

Firm/Company

8666 NW 47TH DR

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

SWILESM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON WILES

Name of Contact Person

at (**754**) **246-9269**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$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

WILLSHAY HARMANY HOME CARE INC

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

P19000036658

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 **WILLSHAY HARMONY HOME CARE INC**,
(Document Type Being Corrected)

filed with the Department of State on **04/24/2019**
(File Date of Document)

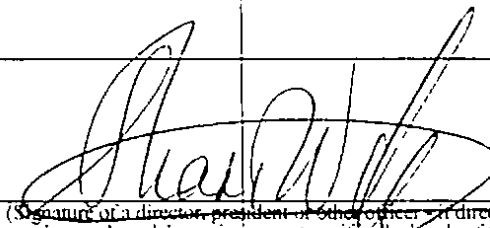
Specify the inaccuracy, incorrect statement, or defect:

HARMANY

Correct the inaccuracy, incorrect statement, or defect:

HARMONY

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2019 MAY 17 10 3 32
TALLAHASSEE, FLORIDA



(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.)

SHARON WILES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00