

P20 0000 16367

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STAIRS HEALHT CORPORATION

Name of Corporation

DOCUMENT NUMBER: P20000016367

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

Please return all correspondence concerning this matter to the following:

DOMENICO LA MORGIA

Name of Contact Person

STAIRS HEALHTCARE CORPORATION

Firm/Company

7275 SOUTHWEST 90th WAY, APT 604

Address

MIAMI, FLORIDA, 33156

City/State and Zip Code

dlamorgia@gmail.com

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

For further information concerning this matter, please call:

DOMENICO LA MORGIA

Name of Contact Person

at (

786

Area Code

8387940

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

STAIRS HEALHTCARE CORPORATION

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

P20000016367

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on FEBRUARY 18, 2020

(File Date of Document)

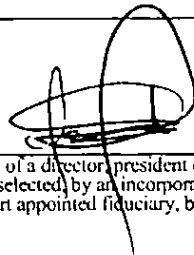
Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION IS MISSPELLED (THE WORD HEALHTCARE SPECIFICALLY)

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT WORD IS HEALTHCARE

THE CORRECT FULL NAME IS: STAIRS HEALTHCARE CORPORATION



(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.)

DOMENICO LA MORGIA

(Typed or printed name of person signing)

CEO

(Title of person signing)

Filing Fee: \$35.00

FILED
2020 JUN 15 PM 2:51
TALLAHASSEE