

P200000 34305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100344910671

05/23/20--01012--016 **35.00

2020 JUN 28 PM 3:59

FILED

Ant Corr
Name chg

JUN 15 2020

ALBRITTO

May 22, 2020

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ABA Magic Therapy Inc. - ARTICLES OF CORRECTION

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Correction for the above-referenced entity.

Also enclosed is a check in the amount of **\$35.00** as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26025 Mureau Rd, STE 120
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

ARTICLES OF CORRECTION

For

ABA Magic Therapy Inc.

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

P20000034305

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 Articles of Incorporation
(Document Type Being Corrected)

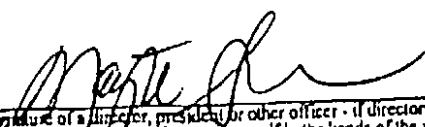
filed with the Department of State on May 05, 2020
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Company name was incorrectly stated

Correct the inaccuracy, incorrect statement, or defect:

Article I - Company name should read ABA Magic Therapy Corp.


(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.)

Mayte Mourino

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00

2020 MAY 28 PM 3:59