

P20 000058480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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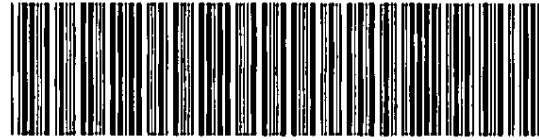
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Special Touch 2 INC  
Name of Corporation

DOCUMENT NUMBER: P200000058480

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

Please return all correspondence concerning this matter to the following:

Paula Davis  
Name of Contact Person

Special Touch 2 INC  
Firm/Company

125 SE 23rd Terrace  
Address

Cape Coral FL 33990  
City/State and Zip Code

Paula.davis9298@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Davis at ( 239 ) 565 3393  
Name of Contact Person Area Code 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

Special Touch 2 INC

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

P200 000058480

(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 7/27/20

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PAULA Davis.

George Davis

Correct the inaccuracy, incorrect statement, or defect:

Davis Paula

only one Name needs to be in all 4 sections  
Take of George Davis

Paula Davis is the VP and  
T and Sec. President all 4 Allocations.

(Signature of 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.)

PAULA DAVIS

(Typed or printed name of person signing)

OWNER

(Title of person signing)

Filing Fee: \$35.00

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