

PZ1000024815

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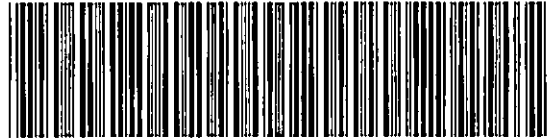
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Best Life Care Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Lois E. Padron.
Name of Contact Person

L Padron.
Firm/Company

2500 E Hallandale Beach Ste 802
Address

Hallandale Beach, FL 33009
City/State and Zip Code

mailyncr0282@gmail.com.
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois E Padron at (786) 322-0862
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

Best Life Care Inc.

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

P21000024815

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 03/10/2021

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Agent: Lois Padron

Correct the inaccuracy, incorrect statement, or defect:

Agent: Lois E. Padron.

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TALLAHASSEE, FLORIDA

L. Padron.

(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.)

Lois E. Padron

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00