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COVER LETTER

TO: Amendment Section Division of Corporations		
MINDFUL & THRIVING OCCUPA SUBJECT:	ATIONAL THERAP	PY INC
N	ame of Corporation	
DOCUMENT NUMBER: P21000036640		
The enclosed Articles of Correction and fe	e are submitted f	or filing.
Please return all correspondence concernin	g this matter to t	he following:
MARLEY FERNANDEZ		
Name of Contact Person		-
MINDFUL & THRIVING OCCUPATIONAL THI	ERAPY INC	
Firm/Company		-
904 NE 10TH TERRACE		
Address		-
CAPE CORAL, FL 33909		
City/State and Zip Code		-
MINDFULANDTHRIVINGOT@GMAIL.COM		
E-mail address: (to be used for future annual re	port notification)	-
For further information concerning this ma	tter, please call:	
ADA Y DOCAMPO	239 at (895-4008
Name of Contact Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amou	ınt:	
■ \$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	

TO:

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee

ARTICLES OF CORRECTION

For

Name of Corporation as currently filed with the Florida Dept. of	State
P 21000036640	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct ARTICLES OF INCORPORATION (Document Type Bein)	
(g Corrected)
filed with the Department of State on APRIL 15, 2021 (File Date of Document)	·
(File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
LAST NAME OF REGISTERED AGENT/INCORPORATOR/PRESIDENT:	
HERNANDEZ	
CORRECT THE "H" FOR "F"	
Correct the inaccuracy, incorrect statement, or defect:	
Correct the maccuracy, meanifest statement, or defect.	,
HERNANDEZ SHOULD BE: FERNANDEZ	77 7 ren
	08 F11
THE CORRECT NAME IS: FERNANDEZ	
(Signature of Augustion, president or other officer - if directors or off	ticers have
(Signature of Augustor, president of other officer - if directors or off not been sorred, by an incorporator - if in the hands of the received other count happointed fiduciary, by that fiduciary.)	i, nusice, oi
MARLEY FERNANDEZ	INCORPORATOR/PRESIDENT

(Title of person signing)

(Typed or printed name of person signing)