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C. BRUMBLEY FEB † 4 2022

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: YOUR	Host Toc. Name of Corporation	
DOCUMENT NUMBER:	P21000183049	
The enclosed Articles of Correction and f	ee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Name of Contact Person	M1	
Your Host	_	
Firm/Company	RECEIVED	
21710 MAdera Rl	RECEI	
Ft Myens Peach for City/State and Zip Code	2022 FEB 11 AN O. Z. SECRETARY OF STATE TALLAHASSEE, FL	
E-mail address: (to be used for future annual	report replification)	
For further information concerning this m	natter, please call:	
Bry By James	at (S61) 365-4360 Area Code Daytime Telephone Number	
Already	paid	
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☐ \$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

Yorkhost . Inc Name of Corporation as currently filed with the Florida Dept. of S	
P21000103049	anc
Document Number (if known)	_
Pursuant to the provisions of Section 607.0124, Florida Statutes. These articles of correction correct (Document Type Being	<u>C</u> .
led with the Department of State on	
The Name of The Company is We need a Comma After Yo	Yourtost, inc.
We need a Commo After Yo	un Hest
Not a period	
·	
Correct the inaccuracy, incorrect statement, or defect: Your Host, Inc. Comm afth the Ywaltost	a, not period
or see took to the	. 8 7
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) ::50
(Signature of a director, president or other officer - if directors or officer other selected, by an incorporator - if in the hands of the receiver, other court appointed fiduciary, by that fiduciary.)	ers have trustee, or
orner court appointed fiductary, by that noticiary.)	D
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00