

P 220000003533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

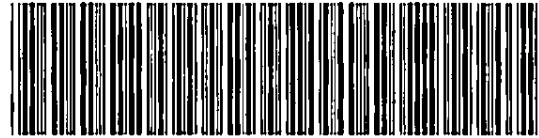
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/2/22
Notice to change
Addresses
722A00002658

Office Use Only



000381017960

02/15/22--01011--022 **35.00

2022 APR 4 AM 9:10
FILED

W
4/4



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2022

BETSIE PHILLIPS
PO BOX 1499
PORT RICHEY, FL 34673

SUBJECT: BETTER LIFE PLANS INC
Ref. Number: P22000003533

2022 APR 4 PM 3:10
FILED

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the specific inaccuracy, incorrect statement, of defect. Please the the full incorrect address and specify which address you are wanting to correct. (Principal, mailing, registered agent and/or officer/director.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 922A00004650

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BETTER LIFE PLANS INC
Name of Corporation

DOCUMENT NUMBER: P 22000000.35.33

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

Please return all correspondence concerning this matter to the following:

BETSYIE PHILLIPS
Name of Contact Person

BETTER LIFE PLANS INC
Firm/Company

PO BOX 1499
Address

PORT RICHEY FL 34673
City/State and Zip Code

JCPINS3 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNE PINAUD at (727) 849 9645
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

2022 APR 4 10 10

ARTICLES OF CORRECTION

For

BETTER LIFE PLANS INC

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

P 22 00000 3533

(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct PROFIT CORPORATION,
(Document Type Being Corrected)

filed with the Department of State on 1/10/22,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ADDRESS

Correct the inaccuracy, incorrect statement, or defect:

CORRECT ADDRESS
4350 OLIN ST
NEW PORT RICHEY FL 34653

All Address except mailing

Betsy Phillips

(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)

BETSY PHILLIPS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00