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| Special Instructions to | Filing Officer: | |
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WILLSTONE SERVICE STATES

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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: HAPPY DAY NONE MEDICAL | TRANSPORTATIO | N SWF CORP. | |
|---|--|---|--|
| | Name of Corporation | | |
| DOCUMENT NUMBER: P22000080683 | | | |
| The enclosed Articles of Correction and f | ee are submitted | for filing. | |
| Please return all correspondence concerni | ng this matter to | the following: | |
| DANIELORIS | | | |
| Name of Contact Person | <u>.</u> | <u> </u> | |
| HAPPY DAY NONE MEDICAL TRANSPORTA | ATION SWF CORP | · · | |
| Firm/Company | | | |
| 7111 48TH AVENUE EAST | | | |
| Address | | | |
| PALMETTO FL 34221 | | | |
| City/State and Zip Code | | _ | |
| ORISDP@GMAIL.COM | | | |
| E-mail address: (to be used for future annual (| report notification) | _ | |
| For further information concerning this m | atter pleace call | | |
| | | | |
| DANIEL ORIS | at (| 580 7598) | |
| Name of Contact Person | Area Code | Daytime Telephone Number | |
| Enclosed is a check for the following amo | ount: | | |
| □ \$35.00 Filing Fee | □ \$43.75 Fil | ☐ \$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

| Name of Corporation as currently filed with the Florida Dept. of State | | _ |
|--|----------------|---|
| P22000080683 | | |
| Document Number (if known) | | |
| B | | |
| Pursuant to the provisions of Section 607.0124, Florida Statutes. | | |
| These articles of correction correct HAPPY DAY NONE MEDICAL TRANSPORTATI (Document Type Being Corrected) | ON SWF CO | |
| filed with the Department of State on OCTOBER 21,2022 (File Date of Document) | | |
| Specify the inaccuracy, incorrect statement, or defect: | - 1 | |
| HAPPY DAY NONE MEDICAL TRANSPORTATION SWF CORP. | <u> </u> | 2022 1 07 |
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| Correct the inaccuracy, incorrect statement, or defect: | | |
| HAPPY DAY NON MEDICAL TRANSPORTATION SWF CORP. | | |
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DANIEL ORIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)