

N1900000 8113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Art Corr
Name chs

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Name of the company is not correct

Name of Corporation

DOCUMENT NUMBER: N19000008113

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

Please return all correspondence concerning this matter to the following:

EDWIN SHEPPARD

Name of Contact Person

Firm/Company

10427 NW 28 AVE

Address

MIAMI, FL 33147

City/State and Zip Code

BISCEP32@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN SHEPPARD

at (

305

Area Code

975-1797

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

BLINDED INTERNATIONAL STUDENT EXCHANGE PROGRAM, INC.

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

N19000008113

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Name of the organization,
(Document Type Being Corrected)

filed with the Department of State on 08/01/2019,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

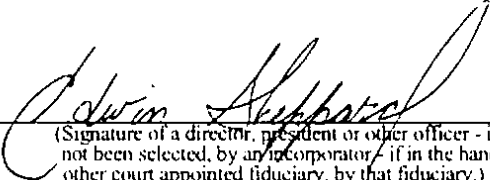
THE NAME OF THE ORGANIZATION WAS MISSING WORDS

BLINDED INTERNATIONAL STUDENT EXCHANGE PROGRAM, INC.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME IS

BLINDFOLDED INTERNATIONAL STUDENT CULTURAL EXCHANGE PROGRAM, INC.


(Signature of a director, president or other officer - if directors or officers have not been selected, by any incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

EDWIN SHEPPARD

(Typed or printed name of person signing)

CEO

(Title of person signing)

Filing Fee: \$35.00