

P 09000040391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

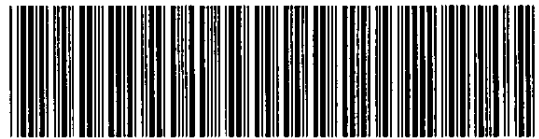
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



100156744001

06/08/09--01022--001 **35.00

FILED
09 JUN -8 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Act of Gov / We
6/10/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wireless Biometric Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: P09000040391

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

Please return all correspondence concerning this matter to the following:

Alan Parker

Name of Contact Person

Wireless Biometric Solutions, Inc.

Firm/Company

4809 Oak Circle

Address

Boynton Beach, FL 33436

City/State and Zip Code

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

For further information concerning this matter, please call:

Alan Parker

Name of Contact Person

at (561) 742-3922

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Wireless Biometric Solutions, Inc.

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

P09000040391

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 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 FL For Profit Corporation
(Document Type Being Corrected)

filed with the Department of State on 5/6/2009
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name of corporation--Wireless Biometric Solutions, Inc

FILED
09 JUN -8 AM 10:36
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

Correct Name-- Keyless Biometric Solutions, Inc.



(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.)

Alan Parker

(Typed or printed name of person signing)

Treasurer/Director

(Title of person signing)

Filing Fee: \$35.00