

PI2000073695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

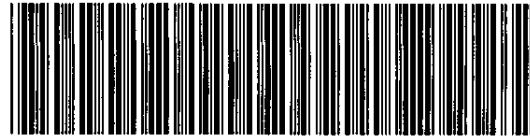
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF REVENUE

Ant Correction
@ 9.14.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRIGHT WELLNESS CENTER, INC
Name of Corporation

DOCUMENT NUMBER: P12000073695

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

Please return all correspondence concerning this matter to the following:

MARIA R TRUJILLO

Name of Contact Person

BRIGHT WELLNESS CENTER, INC

Firm/Company

2578 AIMSWORTH AVE

Address

DELTONA, FL 32738

City/State and Zip Code

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

For further information concerning this matter, please call:

HAYDEE VALDERRAMA

Name of Contact Person

at (386) 259-4971

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

BRIGHT WELLNESS CENTER, INC

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

P12000073695

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 **PRINCIPAL ADDRESS**
(Document Type Being Corrected)

filed with the Department of State on **09/05/2012**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

FROM: 2578 AIMSWORTH AVE

DELTONA, FL 32738

TO: 1235 PROVIDENCE BLVD. SUITE M

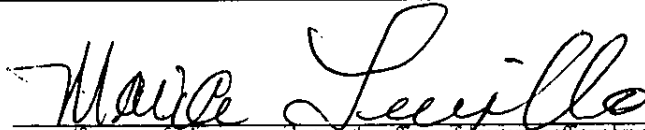
DELTONA, FL 32725

12 SEP 18 PM 2:52
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

Correct the inaccuracy, incorrect statement, or defect:

PLEASE THE CORRECTION ON THE PRINCIPAL ADDRESS AS I REQUESTED

ABOVE, THANK YOU VERY MUCH FOR ALL YOUR HELP!!



(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.)

MARIA R TRUJILLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00