

PI 300092335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

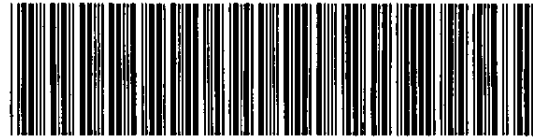
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400253854574

11/20/13--01010--002 \*\*35.00

FILED  
13 NOV 20 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Cor*  
NOV 25 2013  
R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Biokinetic Resonance

DOCUMENT NUMBER: p13000092335

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

**Please return all correspondence concerning this matter to the following:**

**Lavelle Lewis**

Name of Contact Person

## Biokinetic Resonance

Firm/Company

6858 Nw 75 st #3

**Address**

Medley, Fl. 33166

City/State and Zip Code

**ave.international@yahoo.com**

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

For further information concerning this matter, please call:

**Lavelle Lewis**

**305 610-4608**

Name of Contact Person

at ( )

Area Code &amp; 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

Biokinetic Resonance

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

P13000092335

\_\_\_\_\_  
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 change of address and code description

\_\_\_\_\_  
(Document Type Being Corrected)

filed with the Department of State on 11/13/20013

\_\_\_\_\_  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

3084 sw 27 ave miami, fl. 33133 and code of description


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

6858 Nw 75 st # 3 Medley, fl. 33166 code of description sales and general description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
13 NOV 20 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

  
\_\_\_\_\_  
(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.)

Lavelle Lewis

\_\_\_\_\_  
(Typed or printed name of person signing)

president

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**