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S MASON

Touch Contracting L.C.C
ed Liability Company Registration Section TO: **Division of Corporations** SUBJECT: Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PERSONAl Touch CONTRACTING L.L.C.
Firm/Company Cedar Knoll Dr Densonal touch. Nay OL AGMAIL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A Naylon 904 316-3374

Area Code Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy

CR2E062 (9/15)

COVER LETTER

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	section 605.0209, F.S., this document is being submitted to	correct a previously filed document.
FIRST: The	e name of the limited liability company is:	nal Touch Contracting
		10600005706
SECOND:	The Florida Document number of the limited liability	company is:
THIRD:	Document to be corrected is: Keg/5 hered	AGENTS NAME + AUTHORICE
	(CHECK THE APPROPRIATE BOX AND COMPL	company is: LOGODOD 5706 AGENTS NAME + Authorize ACTICLES OF OGGOT PERSONS NA ETE THE APPLICABLE STATEMENT
	ntains an incorrect statement. The incorrect statement, the	reason the statement is incorrect, and the corrected
star P	tement are as follows: YEASE CHANGE thE REGISTE	erad Agent and Authorized
_/	Derson From Jeff,	erad AGENT AND AUTHORIZED A NAY/ON A NAY/ON
	Jeffeny	A NAYION
<u>OF</u>		
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_	is defectively signed. The manner in which the document vifollows:	vas defectively signed and the appropriate correction are
us .	CAC WG.	-2
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<u>OF</u>	<u>S</u>	A IO 2
Th	e electronic transmission of the record was defective.	TATE CONTRACTOR
	Signature of Authorized Representative	Date
	f new registered agent, if applicable :(NOTE: if correcting ne designation).	the registered agent, the new registered agent must sign
New Regist	tered Agent's Signature, if changing Registered Agent:	
I hereby ac	cent the appointment as registered agent and agree to/act i	n this capacity. I further agree to comply with the
obligations	of all statutes relative to the proper and complete performa of my position as registered agent as provided for in Chap	ter 605, F.S. Or, if this document is being filed to merely
reflect a ch of this char	ange in the registered office address, I hereby confirm that	the limited liability company has been notified in writing
oj ma tnun	/ N)	
	Registered Agent's	Signature
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)