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BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KP BOTANICALS CONTROLS, LLC

Name of Limited Liability Company

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:

Gerald O'Connor

Name of Person

KP BOTANICALS CONTROLS, LLC

Firm/Company

111 South Knowles Avenue, Suite 202

Address

Winter Park, FL 32789

City/State and Zip Code

goc@keyplex.com

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

For further information concerning this matter, please call:

Gerald O'Connor

407

682-6500

at (

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

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TALLAHASSEE, FLORIDA

**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 name of the limited liability company is: KP BOTANICALS CONTROLS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000171944

**THIRD:** Document to be corrected is:  
KP BOTANICAL CONTROLS, LLC

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Misspelled Botanical should NOT be plural

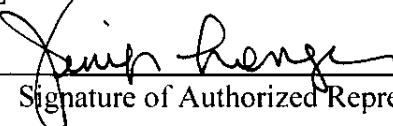
**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

11/5/2014

Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**

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TALLAHASSEE FLORIDA