L150000 P5426

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JUN 2 9 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Correction of Confany Name Name of Limited Liability Company Valle
Valle of Entitled Elability 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:
Mey tox Valler Name of Person
Vallee Home Solution LLC Firm/Company
2335 NW 38th au
Cape Coxal II. 33993 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (239) 6775865 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 \$\Bigcup \$30 Filing Fee & Certificate of Status \$\Bigcup \$55 Filing Fee & Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ant to section 605.0209, F.S., this document is being submitted to correct a previously filed document	
<u>FIRST</u>		<u>70</u> m
	Valle	<u> </u>
<u>SECO</u>	ND: The Florida Document number of the limited liability company is: <u>L15000085</u>	420
<u>THIR</u>	D: Document to be corrected is: Delling of hast Name (VALLEE))
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	,
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, corrected statement are as follows:	
	Aust hast Name of Company read	
	Valle the NAME IS VALLET MONE	
	Valle the NAME IS VALLETE HOME Solutions LLC, ONLY CORNER	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the ap correction are as follows:	propriate
	P F	Pic 19 g
	ORA -	7
	<u>OR</u>	
	The electronic transmission of the record was defective.	
	Duyton Valere 5/11/15	
Sig	gnature of Authorized Representative Date	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)