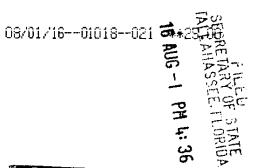
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(City/State/Zip/Phone #)					
(Document Number)					
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AUG 0 2 2016 S. YOUNG

COVER LETTER

TO: Registration Sec 'Division' of Corp			. a e				
SUBJECT: Quality Concrete Pumps 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 correspo	ndence concerning this m	atter to the following:					
Jacob Byn	um						
	Name of Person						
Quality Concrete Pumps LLC							
	Firm/Company						
PO BOX 3	40						
	Address						
Palm City	FL 34990						
Ci	ty/State and Zip Code						
qualityconcre	etepumpslic@	gmail.com					
E-mail address: (to be used for future annual report notification)							
For further information c	oncerning this matter, ple	ase call:					
Jacob Bynum		at (772) 2	207-0738				
Name o	f 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	S55 Filing Fee & Certified Copy	Sectificate of Status & Certified Copy				

SECRETARY OF STATE TALLAHASSEE, TLORIG

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being submitted to correct a previously filed document	⊬•	
FIRST	: The n	name of the limited liability company is: Quality Concrete Pumps LLC		
<u>SECO</u>	ND:	The Florida Document number of the limited liability company is: L1500015372	27	
<u>THIRI</u>	<u>)</u> :	Document to be corrected is: Physical Address & Mailing Address	<u> </u>	
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	<u>MENT</u>	
×		ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and nent are as follows:	i the corre	ected
	Do	cument L15000153727 contains an incorrect address		
	Phy	ysical Should be: 3415 SW 96th Street, Suite A, Stuart, Fl	_ 3499	97
	Ma	iling Should be: 782 SW Pine Tree Lane, Palm City, FL	. 3499	90
	<u>OR</u>			
	Was o	defectively signed. The manner in which the document was defectively signed and the appro-	priate cor	rection are
	45 101	10 1101	16 P	SECF
	-		AUG -	HAZE TA
			-	87 C
			- PM +:	
	<u>OR</u>		կ։ 36	ATE PIO
	The e	electronic transmission of the record was defective.		
		My as all	<u>e </u>	
		Signature of Authorized Representative 1 Date		
		new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registe designation).	red agent	must sign
New R	egister	ed Agent's Signature, if changing Registered Agent:		
I hereb provision obligat	y accep ons of a ions of a chan	ot the appointment as registered agent and agree to act in this capacity. I further agree to cor all statutes relative to the proper and complete performance of my duties, and I am familiar v Tmy position as registered agent as provided for in Chapter 605, F.S. Or, if this document is l ge in the registered office address, I hereby confirm that the limited liability company has be	with and a being filed	accept the d to merely
<i>5) 11111</i> (for I		
		Registered Agent's Signature		

Filing Fee: \$25.00 Certified Copy: \$30.00 (

\$30.00 (optional)

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