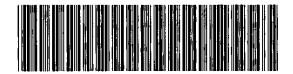
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(Re	equestor's Name)	.
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2015 NOV 12 PN 2: 4

M. Campan 1854 1 0 2015

COVER LETTER

Division of Cor			
SUBJECT: PRO	duct rel	OCATON S lame of Limited Liability	Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.	
Please return all correspondent	ondence concerning this m	natter to the following:	
Michael	Sm 14 Name of Person	·····	
Proclact	A 15 lo catens Firm/Company		
172 WEG	- <u>G んぴぴ</u> C Address	<i></i>	
MELBOURSH	E F/ 32 City/State and Zip Code	93 <u>4</u>	
MUCH MA E-mail address: (to	be used for future annual	report notification)	
For further information of	concerning this matter, ple	ase call:	
Michael Sm Name	of Person	at (352 Area Code	410 1768 Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, 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 (0/15)			

FILED

STATEMENT OF CORRECTION FOR

2015 NOV 12 PM 2: 40

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY ARY OF STATE

Pursuan	t 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: Product relocators LLC				
SECON	The Florida Document number of the limited liability company is:				
THIRD	Document to be corrected is: BREILING OF 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:				
	the Pulling is IN conduct listed as				
	Product Relocations should BC Product				
	PRODUCT RELOCATERS Should BC Product MELOCATORS PIEGES CANSE				
	OR OR				
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:				
	as follows:				
	<u>OR</u>				
	The electronic transmission of the record was defective.				
	Signature of Authority d December 201				
	Signature of Authorized Representative Date				
Signatur acceptin	re of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign g the designation).				
	gistered Agent's Signature, if changing Registered Agent:				
I hereby	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the				
obligation	ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing				
•	Michay Sur				
	Registered Agent's Signature				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				