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SECREMARY OF STATE TALLAHASSEE, FLOPIOA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6/08A4 AGENCIES HOLDURAS, LLC Name of Limited Liability Company
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:
DAVID HERRING Name of Person
GLOBAL SHIPPING AGENCIES, ING.
145 NW CAMPAR PARK PLAZA, SUITE 111 Address
PORT ST. Lucie, FL 34986-2482 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAFL KRANES at (772) 336 - 4112 Name of Person at (772) Daytime Telephone Number
Name of reison Area Code Daytime refeptione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 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 & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

SECRETARY OF STATE FALLAHASSEE, FLORID

The second

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: 6108AL The Florida Document number of the limited liability company is: _____160010_1441X SECOND: Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \boxtimes Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Address: INOSKE Address: - INCOLLE CORDECT APPRECE Elonge, SHIPPIOD HEERCHES, ILES APSA Services, INC 2315 NW 107 ADE., 1M Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR \Box The electronic transmission of the record was defective. Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)