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SECRETARY OF STATE TALLAHASSEE, FLOK JA

JUN 1 3 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	EANICA Na	HOM me of Limited Liabi	ES INTERNATION LITTLE STATE OF THE STATE OF
Dear Sir or Madam:			
The enclosed Statement of C	Correction and fee(s) are	submitted for filing	
Please return all corresponde	ence concerning this ma	tter to the following	:
Cristina	Parispus ame of Person	Gove	
Oceanica	Homes (	Internatio	inal Realty
3332 NE	335t.	Suite 1	,
Fort Lye City/s	derdate nate and Zip Code	FC 33.	308.
Cristina E E-mail address: (to be	ore le Sm. used for future abdual r	ail comeport notification)	
For further information conc	erning this matter, pleas	se call:	
Cristina P Name of Pe	Gote	at ( 95 \ Area Code	Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl 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 Co	\$30 Filing Fee & ertificate of Status	S55 Filing Fee & Certified Copy	& ☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed document.		
FIRST	FIRST: The name of the limited liability company is: OCEANICA HOMES INTERNATION		
	Resty.		
SECO	ND: The Florida Document number of the limited liability company is: 416000 109305		
THIRI	Document to be corrected is: OCEANICA HOMES INTERNATIONAL REACT		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:		
	the name of the comp was withen		
	all topether and need to be 4 words - For		
	all together and need to be 4 words-		
	OR OR		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are		
	as follows:		
	OR a call to call a sure		
K.	The electronic transmission of the record was defective. name came all topethan in 1 work		
	Signature of Authorized Representative Date		
Signatu	are of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign		
	ng the designation).		
I hereb	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions 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: \$25.00		

\$30.00 (optional)

Certified Copy: