

L16000196028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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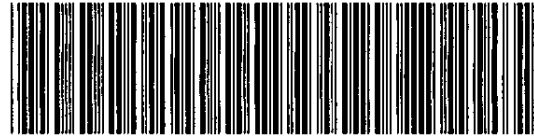
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 21 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 20 PM 12:57

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORPORATE PRINT Services 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 correspondence concerning this matter to the following:

Paulette E. Hayes  
Name of Person

CORPORATE PRINT Services LLC  
Firm/Company

7501 Ulmerton Rd #222  
Address

LARGO, FL 33771  
City/State and Zip Code

CORPORATEPRINTServices17@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 20 PM 12:57

For further information concerning this matter, please call:

Paulette Hayes at (727) 315-2788  
Name of 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      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: CORPORATE PRINT Services LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000196028

**THIRD:** Document to be corrected is: Filing INFORMATION

**(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:

EFFECTIVE date is INCORRECT,  
START date WAS Jan 3rd 2017

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.

Gauleth Hayes 3/3/17  
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.*

Gauleth Hayes  
Registered Agent's Signature

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