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D. SCOTT JUL 12 2017

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: SK	ETCHY i	RECOLD		<u>. </u>
Dear Sir or Madam:				
The enclosed Statement of	of Correction and fee(s) ar	re submitted for filing,		
Please return all correspo	ndence concerning this m	natter to the following:		
bec	Beaulac Name of Person	<u></u>		•
SKETCH	Y Recol	05		
1633	acme 5	<i></i>		
onlan	Address Of L y/State and Zip Code	3805	-	
Beau	poe used for future arraual	Macl, CM report notification)	1	
For further information co	eaulac	ase call:at (O7) Area Code	219-2195 Daytime Telephone Number	SECRETARISES OF THE PARTY OF TH
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, Florida 3230	rcle	R D P	AAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314	D. STATE OF STATE E. FLORIDA
Enclosed is a check for the	he following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)

· STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	nt to section 605.0209, F.S., this do	cument is being submi	tted to correct a previous	sly filed docume	nt.			
FIRST:	: The name of the limited liability o	company is:S//E	TCHY KEL	COLDS	<u>uc</u>			
SECON THIRD		1500	bility company is:	16000 ATE	0205507			
/	(CHECK THE APPROPR	IATE BOX AND CO	MPLETE THE APPLI	CABLE STAT	<u>EMENT</u>			
र्ज	Contains an incorrect statement. statement are as follows: The englet (v My (awy) OR	The incorrect statement le date n dt n dt	t, the reason the statement of Shruld	tis incorrect, and the second	Addd by Hele 2017.			
	Was defectively signed. The man as follows:	ner in which the docum	nent was defectively sign	ned and the appr	opriate correction are			
	<u>OR</u>				THE SECOND			
	The electronic transmission of the	record was defective.			THE TO			
	Signature of Authorized	l Representative		Date	FIG. P. O.			
acceptin	re of new registered agent, if applicing the designation).			nt, the new regist	ered agent miss sign			
I hereby	rgistered Agent's Signature, if chan accept the appointment as register ons of all statutes relative to the proons of my position as registered ago change in the registered office ach hange.	red agent and agree to oper and complete perfo and as provided for in (difess, I hereby confirm	act in this capacity. I fu ormance of my duties, an Hapter 605, F.S. Or, if that the limited liability	rther agree to co nd I am familiar this document is company has b	omply with the with and accept the being filed to merely een notified in writing			
V Registered Agent's Signature								
	•	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optiona	ıl)				