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SECRETARY OF STATE
SECRETARIASSEE, FLORIDA

TALLAMASSEE, FLORIDA

D. SCOTT FEB 2 2 2017

## COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Spir	it Founda	a Fron Market Liability	Ussage there	py, LLC
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:		
	HA MAIA  Name of Person  ON Odo Line	Maxos	theropy , C	LLC
_0/2////	Firm/Company		<b>V</b> 1	
1931 SW 2	3rd fer T-	ort Laud	FL 33312	
	Address			
	- ( )			· -1.0 -4
	ty/State and Zip Code			
spiritfound1 Dymail, COM III III				
E-mail address: (to	be used for future annual	report notification)	1	
For further information co	oncerning this matter, ple	ase call:		ENTER STREET
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n			貴州 55
Natoscha Y	haia	at ( <u>954</u> )_	Daytime Telephone Number	- -
Name of	i i cison	Area Code	Daytime reteptione Number	
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	ircle	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, 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 (9/15)

## 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: Spirit Foundation Manage			
	thorapy, uc			
SECON				
THIRD	Document to be corrected is: <u>effective</u> date			
	(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:			
	I stoled the offective date December 16, to			
	wrong the correct dak to be effective			
	15 January 01, 2017			
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
	<u> </u>			
	OR S			
	The electronic transmission of the record was defective.			
	10.100 Feb 15/17			
	Signature of Authorized Representative Date			
Signatur	e of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign g the designation).			
New Res	gistered Agent's Signature, if changing Registered Agent:			
provision obligation	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the as 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 tange.			
Registered Agent's Signature				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

\$30.00 (optional)