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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:										
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COVER LETTER

TO: Registration Division of C	Section Corporations		•	
SUBJECT: COR	per Beach D	esign LLC		
<u></u>		Name of Limited Liabi	lity Company	
Dear Sir or Madam:				
The enclosed Stateme	ent of Correction and fee(s) a	are submitted for filing.		
Please return all corre	espondence concerning this	matter to the following:		
Ann Tighe	€			
	Name of Person			
Copper B	eech Design	LLC		五、圣光
·	Firm/Company		•	CRETA
529 Middle Ro	ad			TARY HASSI
Gulf Stroam, F	Address L 33483			6 W 3:
	City/State and Zip Code			
E-man address:	(to be used for future annua	report nonheation)		
For further informatio	on concerning this matter, ple	rase call:		
Ann Tighe	9	₃₇ 914	953-4924	
Nan	ne of Person	Area Code	Daytime Telephone Number	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons or Circle	1 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	ıt.
Enclosed is a check f	or the following amount:			
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Centified Copy	: S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		Filing Fee: Certified Copy:	\$25,00 \$30.00 (optional)					
		Registered Ag	ent's Signature					
New R I hereb provisi obligat	ng the e egistere y accep ons of c tions of a chang	lesignation). d Agent's Signature, if changing Registered Agent the appointment as registered agent and agree to Il statutes relative to the proper and complete perf my position as registered agent as provided for in		the erely				
		ew registered agent, if applicable :(NOTE: if corre	cting the registered agent, the new registered agent must	sign				
		Signature of Authorized Representative	5-10-2017 Date					
	The e	ectronic transmission of the record was defective.						
	OR							
			**	ν:,				
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:							
	OR							
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X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
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