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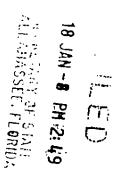
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## **COVER LETTER**

то:	Registration Sec Division of Cor		•			
SUBJE	ст: <u>R</u> Т	4 G	Ewliald Name of Limited			
Dear Si	r or Madam:					
The end	losed Statement (	of Correction and f	ee(s) are submitted for	filing.		
Please r	eturn all correspo	ondence concerning	this matter to the follo	wing:		
	Teres RT+	Sa Gor Name of Person 6 Em	man erald Coas	 SL_L	LC (Name Change	e: nerald Coust
440	io Buck	LYL LOU Address	re Unit &	)]6		
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tl E	VISA . b	be used for future	gmail.00	M (no		
For furt	her information c	concerning this mat	•			
	Name o	GDYN/U of Person	at ( <u>305</u> Area (	) _ lode	Daytime Telephone Number	
Registra Division Clifton 2661 E:	ET/COURIER A ation Section in of Corporations Building secutive Center C ssee, Florida 323	ircle		Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Itahassee, Florida 32314	
Enclose	ed is a check for	the following amo	unt:			
\$ \$25	Filing Fee	S30 Filing For Certificate of Sta			S60 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: SECOND: The Florida Document number of the limited liability company is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate as follows: <u>OR</u> The electronic transmission of the record was defective. Made a typo whe Signature of Authorized Representative 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 complete performance of my duties, and I am familian an obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being reflect a change in the registered office address. I hereby confirm that the limited liability company has been an of this change.

~ .				
Registerer	4 . 3			
TO COUNTY OF THE PROPERTY OF	1 74310	111 \		

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)