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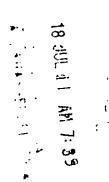
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COVER LETTER

TO: Registration Section Division of Corporations MORESIGHTVISIT 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: KIMONE S. HALL Name of Person GED LAWYERS, LLP Firm/Company 7171 N. FEDERAL HIGHWAY Address BOCA RATON, FL. 33487 City/State and Zip Code KHALL@GEDLAWYERS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIMONE HALL, ACP Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & S55 Filing Fee & S60 Filing Fee. Certificate of Status Certified Copy 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: MORESIGHTVISIT, LEC			_		
SECO:	Document to be corrected is: ARTICLE I OF THE ARTICLES OF	- INC		_ _ _		
-	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA					
	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected atement are as follows:					
	THE NAME OF THE LLC WAS SPELT INCORRECTLY					
	THE CORRECT SPELLING OF THE LLC NAME IS:					
	MORESITEVISITS, LLC					
	<u>OR</u>		18	_		
	Was defectively signed. The manner in which the document was defectively signed and the ap as follows:	propria	te con	rection are		
	as lonows.	14 .	_			
						
		1 44 65	7 59	<u>:</u>		
	OR The description of the second seco	÷		_		
Ш	The electronic transmission of the record was defective.	lx				
	Signature of Authorized Representative Date	1/8				
_	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new reging the designation).	istered	agent	must sign		
I hereb provision obligat reflect	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agree to ons of all statutes relative to the proper and complete performance of my duties, and I am familia ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document a change in the registered office address, I hereby confirm that the limited liability company has change.	ar with is bein	and a g filea	ccept the to merely		
	Registered Agent's Signature					
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)					