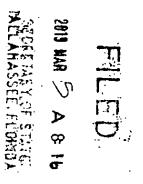


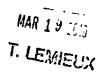
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





03/05/19- 01001--010 **30.05





COVER LETTER

-	ustration Sec ision of Cor				
SUBJECT:	Steadfast Delivery Solutions LLC				
		Name of Limited Liability Company			
Dear Sir or M	dadam:				
The enclosed	l Statement (of Correction and fee(s) a	re submitted for filing.		
Please return	all correspo	ondence concerning this n	natter to the following:		
	Ken	neth L Moll Name of Person			
Stead	fast De	elivery Soluti	ons LLC		
6424	Space	Firm Company ound Drive			
		Address			
Apoll	o Bea	ch, FL 33572			
		ty/State and Zip Code			
steadfa	istdeli	verysolution	s@amail.con	n	
		be used for future annual			
For further in	iformation c	oncerning this matter, ple	rase call:		
Kenn	eth L	Moll	. 813	442-2814	
		f Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talfahassee, Florida 32314		
Enclosed is	a check for	the following amount:			
S25 Filin	g Fee	IX \$30 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

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: SIEA	DFAST DELIVERY SOLUTIONS LLC
SECON THIRD		iability company is: L18000214701 of Interest Exchange filed (1/2/2019)
THIRT		
X		or to a finalized interest exchange agreement
	CORRECTING STATEMENT: The Articles of Interest E	exchange filed on 1/2/2019 is null and void.
	OR Was defectively signed. The manner in which the doct as follows:	ument was defectively signed and the appropriate correction as
	OR	2019 HAR S
	The electronic transmission of the record was defective	7 P/2019
	Signature of Authorized Representative re of new registered agent, if applicable :(NOTE: if corg the designation).	recting the registered agent, the new registered agent must sign
I hereby provisio obligatio	ns of all statutes relative to the proper and complete pe ons of my position as registered agent as provided for in change in the registered office address. I hereby confir	nt: to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accept the r Chapter 605, F.S. Or, if this document is being filed to merei m that the limited liability company has been notified in writi
	Registered A	Agent's Signature
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)