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SECRETARY OF STATE

AUG 20 2019 T. LEMEUX

COVER LETTER

TO:

Registration Section Division of Corporations

THE	TINDAL	GROUP). L	LC
		\bigcirc	, -	

SUBJECT:

Name of Limited Liability Company

Dear	Sir	۸r	M	had	311	٠.
いくなし	-211	Ų.		u	التا	1.

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE CHONG

Name of Person

HP ACCT

Firm/Company

1940 NE 55TH COURT

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

NICOLE.CHONG@HPACCT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE CHONG

954

242-9366

Name of 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 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

S30 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: THE TINDAL GROUP, INC

	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	
	Registered A	gent's Signature	_
<u>New Re</u> I hereby provisio oblivati	gistered Agent's Signature, if changing Registered Agent accept the appointment as registered agent and agree to use of all statutes relative to the proper and complete peops of my position as registered agent as provided for it change in the registered office address. I hereby confir	o act in this capacity. I further agree rformance of my duties, and I am fam. t Chapter 605, F.S. Or, if this docume	iliar with and accept the nt is being filed to merely
	re of new registered agent, if applicable :(NOTE: if cort g the designation).	recting the registered agent, the new r	egistered agent must sign
	Signature of Authorized Representative	Date	
	OR The electronic transmission of the record was defective	FLORIDA	
		ASSEE	
			- T1
	Was defectively signed. The manner in which the docu as follows:	ment was defectively signed and the	appropriate correction are
	<u>OR</u>		
	THE CORRECT NAME IS: F	· · · · · · · · · · · · · · · · · · ·	
	statement are as follows: Title MGR JAMES, MARY IS	INCORRECT	
	Contains an incorrect statement. The incorrect statement		
	(CHECK THE APPROPRIATE BOX AND CO		ATE <u>MENT</u>
THIRD	 Authorize	d Person(s) Detail	
SECON			