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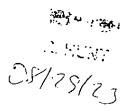
(Rea	uestor's Name)	
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(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Doci	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

7.

SUBJECT: XCEISIOR COACH LINE 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:
Reginald Jean- Jacques Name of Person
X Celsion Coach Line, LLC
3651 MOCA Dr
$\frac{5 + c/00d FL 34772}{\text{City/State and Zip'Code}}$
X CP / 5 in s Coach line @ GMAi 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reginald Jean-Jacques at (407) 232-0479 Name of Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
□\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

TO:

Registration Section Division of Corporations

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: X Celsior Coach Live, LLC
SECO.	
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	I submitted the alflication with the wrong stelling of "Coach". I wrote "Coach" instead of "Coach" Please
	MAKE Correction.
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
accepti	are of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign ng the designation).
l hereb provisi 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 comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change. Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E062 (9/15)