

M1500008019
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2017 JAN 13 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WONDER PORCELAIN GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

17 JAN 13 AM 8:52
DIVISION OF CORPORATIONS

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JAN 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WONDER PORCELAIN GROUP, 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:

KATIA SILVA

Name of Person

WONDER PORCELAIN GROUP, LLC

Firm/Company

2800 TECHNOLOGY DR., SUITE 200

Address

PLANO / TX 75074

City/State and Zip Code

K.SILVA @ WONDERPORCELAIN.COM

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

For further information concerning this matter, please call:

KATIA SILVA

Name of Person

at (**972**)

Area Code

746-2200

Daytime Telephone Number

STREET/CARRIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32310

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

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 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: WONDER PORCELAIN GROUP, LLC

SECOND: The Florida Document number of the limited liability company is: M15000008019

THIRD: Document to be corrected is: Reinstatement

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

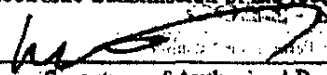
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Section 8 listed the name of the registered agent incorrectly as CAPITOL SERVICES.
The correct name should be CAPITOL CORPORATE SERVICES, INC.

OR

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.

 01/13/17
Signature of Authorized Representative Date

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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Lo Saechao, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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17 JAN 13 AM 8:53
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