

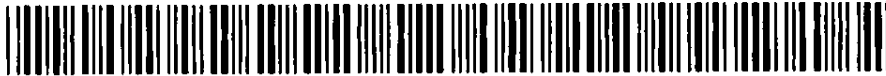
Division of Corporations

L15000190073

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTURION OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2021 SEP 16 AM 9:06

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

VH

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: Centurion of Florida, LLC

SECOND: The Florida Document number of the limited liability company is: 115000190073

THIRD: Document to be corrected is: Amended Annual Report

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:

9/7/21 Amended Report erroneously changed mailing address and added Sharon Baker. The amended report was not authorized by the company or an authorized individual of the company. Amend report should be voided. The annual report filed on 7/26/21 is the correct document.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Sharon Baker is not a manager of the company;

FILED 2021 SEP 16 AM 9 16 STATE OF FLORIDA TALLAHASSEE

OR

The electronic transmission of the record was defective.

Aricia Dinkelmann

09/14/2021

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.

Registered Agent's Signature

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