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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 7300 HAI

7300 HARDING INVEST 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: ALINE DARMOUNI Name of Person **EXCO US ATRIUM** Firm/Company 44 W GLAGLER ST - SUITE 2300 Address **MIAMI FL 33130** City/State and Zip Code office@excous.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aline Darmouni Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee ■ \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

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	\underline{r} : The name of the limited liability company is: $\underline{7300 \text{ H}}$	ARDING INVEST LLC
SECO THIR	The Florida Document number of the limited liab	ility company is: L18000197604
X	Contains an incorrect statement. The incorrect statement, statement are as follows: THE NAME OF THE COMPANY IS THE CORRECT NAME IS 7640 HA	the reason the statement is incorrect, and the corrected
	OR Was defectively signed. The manner in which the docume as follows:	ent was defectively signed and the appropriate confection are
	OR The electronic transmission of the record was defective.	FLORIDA
	Signature of Authorized Representative ure of new registered agent, if applicable :(NOTE: if correcting the designation).	Date ting the registered agent, the new registered agent must sign
Thereb provisi obliga reflect	egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to a ions of all statutes relative to the proper and complete perfo- tions of my position as registered agent as provided for in C a change in the registered office address. I hereby confirm a change. Registered Age	rmance of my duties, and I am familiar with and accept the hapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing
	Certified Copy:	\$30.00 (optional)

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