

M13000000330

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 : (850)205-8842
Fax Number : (850)878-5368

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 25 PM 4:02

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
COLFIN AI-FL 3, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$25.00).

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 AUG 25 AM 9:32

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLFIN AI-FL 3, 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:

JULIANNE BLANCHETTE

Name of Person

COLONY STARWOOD HOMES

Firm/Company

8665 E HARTFORD DR SUITE 200

Address

SCOTTSDALE, AZ 85255

City/State and Zip Code

JULIANNE.BLANCHETTE@COLONYSTARWOOD.COM

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

For further information concerning this matter, please call:

JULIANNE BLANCHETTE at **480** **800-3476**

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

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
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: The name of the limited liability company is: COLFIN AI-FL 3, LLC

SECOND: The Florida Document number of the limited liability company is: M13000000330

THIRD: Document to be corrected is: FEI/EIN NUMBER

(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:

EIN is incorrect and should be corrected to read 90-0923749

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.

[Signature] _____ 24 August _____
Signature of Authorized Representative Date

16 AUG 25 AM 9:32
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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 603, 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)