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| To: | | | |
|------------|--|--|-----------------------------|
| | Division of Corporation | ns | 2 |
| | Fax Number : (850) | 617-6383 | |
| | | | |
| From: | | | - |
| | Account Name : DUSS | KENNEY, SAFER, HAMPTON & 3 | 1005, P.A. |
| | Account Number : I2009 | | |
| | Phone : (904) | 543-4300 | |
| | Fax Number : (904) | 543-4301 | • |
| | | | • |
| *Enter ann | the email address for t ual report mailings. Er | nis business entity to be us ter only one email address | sed for future please.** |
| C | il Address: | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1612 EAST 8TH STREET, L.L.C.

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: 1612 East 8th Street, L.L.C | |
| Name of Limited Liabili | ty 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: | |
| Theresa M. Kenney, Esq. | |
| Name of Person | • |
| Duss Kenney Safer Hampton & Joos PA | |
| Firm/Company | |
| 4348 Southpoint Blvd. #101 | |
| Address | |
| Jacksonville FL 32216 | |
| City:State and Zip Code | |
| tkenney@jaxfirm.com | |
| E-mail address: (to be used for future annual report notification) | |
| | |
| For further information concerning this matter, please call: | |
| Theresa M. Kenney _{at 904} | 543-4300 |
| Name of Person Area Code | Daytime Telephone Number |
| Registration Section R Division of Corporations C Clifton Building P | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee Solution See Service Control See Service Copy | Securificate 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: 1612 East 8th Street, L.L.C. The Florida Document number of the limited liability company is: L17000226335 SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Improperly identifies William M. Easton as Manager of the company. Correct manager of the company is Joseph Indriolo whose address is 2650-2 Rosselle Street, Jacksonville, FL 32216 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Signature of new registered agent, if applicable :(NOVE: 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

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\$30.00 (optional)