

M21000010546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

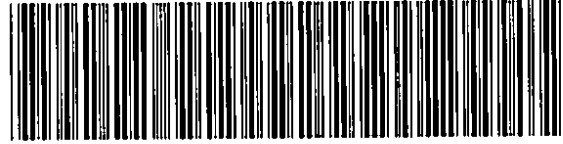
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100374170771

2021 OCT 29 PM 1:03

SEP

Stmt Corr
Alanie Chg

NOV 02 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 180519 7283904

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : October 29, 2021

ORDER TIME : 10:02 AM

ORDER NO. : 180519-005

CUSTOMER NO: 7283904

*File date: 10/29/21 **

FOREIGN FILINGS

NAME: 6367 LAKE WILSON ROAD GROUND
OWNER LLC

 CORPORATE
 LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6367 Lake Wilson Road Ground Owner 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:

Irina Shurinova

Name of Person

iStar Inc.

Firm/Company

1114 Avenue of the Americas, 39th Floor

Address

New York, NY 10036

City/State and Zip Code

ishurinova@istar.com

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

For further information concerning this matter, please call:

Irina Shurinova

415

263-8643

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 6367 Lake Wilson Road Ground Owner LLC

SECOND: The Florida Document number of the limited liability company is: M21000010546

THIRD: Document to be corrected is: Application by Foreign LLC for Authority to Transact Business in FL

(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:

The word "Road" in the company name was mistakenly included due to a typographical error.

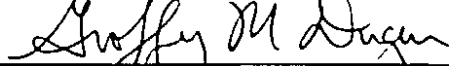
The correct entity name should be 6367 Lake Wilson Ground Owner LLC.

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 of Authorized Representative

October 29, 2021

Date

2021 OCT 29 PM 1:03

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)**