

AIL 000000309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

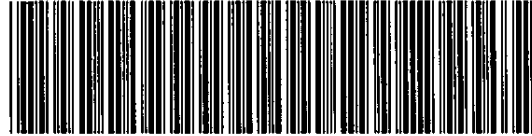
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
JUL 22 PM 3:13

JUL 25 2016
S. YOUNG

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

Victoria One Waterford Villas, LP

Insert name currently on file with Florida Department of State

A1600000309

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.
☐ The record was defectively signed.

SECOND: This statement corrects Certificate of Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on June 24, 2016

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

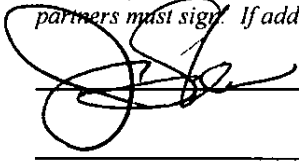
The name of the General Partner was incorrectly identified as Victoria One, LLC

FOURTH: The false or erroneous information or defect is corrected as follows:

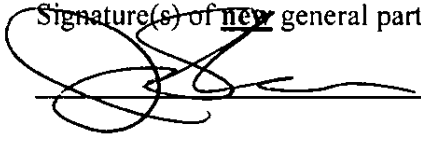
The correct name of the General Partner of the limited partnership is Victoria One Management, LLC

Signature of a general partner*:

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).



Signature(s) of ~~new~~ general partner(s), if any:



Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

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.

Signature of Registered Agent

16 JUL 22 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75