

B13000000065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

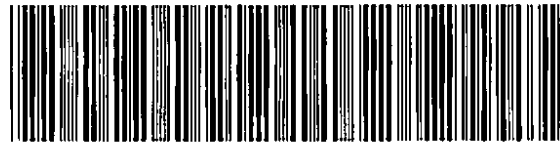
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
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TALLAHASSEE, FLORIDA

D. SCOTT
JAN 25 2018

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

ACCOUNT NO. : I200000000195

REFERENCE : 868277 7906691

AUTHORIZATION :

COST LIMIT : \$52.50

ORDER DATE : October 16, 2017

ORDER TIME : 2:40 PM

ORDER NO. : 868277-091

CUSTOMER NO: 7906691

ANNUAL REPORT FILING

NAME: IH2 PROPERTY FLORIDA, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amy S. Zeigler - Ext. 62317

EXAMINER'S INITIALS: _____

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Tallahassee, FL

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

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AUTHORIZATION **COPY**

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____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amy S. Zeigler - Ext. 62317

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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

IH2 Property Florida, L.P.

Insert name currently on file with Florida Department of State

B13000000065

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 2018 Annual Report

Specify document type being corrected

filed with the Florida Department of State on 1/11/2018

Insert date document filed with Dept. of State

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

Eric Jacobson, Authorized Person, was listed as the signor and should not have been.

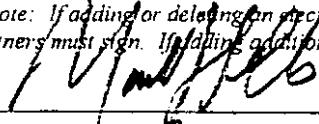
FOURTH: The false or erroneous information or defect is corrected as follows:

Mark Soils, Authorized Person, should be listed as the signor.

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Signature of a general partner*:

(*Note: If adding or deleting an action 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).



Authorized Person

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

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

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ALABAMA