## BHOOLOOZZE

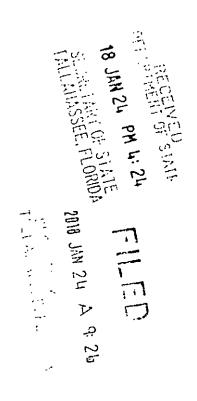
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

•



200307436682



D. SCOTT JAN 2 5 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	). :	: I	20	0 (	00	00	0(	1	95
------------	------	-----	----	-----	----	----	----	---	----

REFERENCE: 868277 7906691

AUTHORIZATION : THE ROLL TO BE AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE: October 16, 2017

ORDER TIME : 2:41 PM

ORDER NO. : 868277-096

CUSTOMER NO: 7906691

## ANNUAL REPORT FILING

NAME: IH2 PROPERTY TRS 2 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:

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 868277 7906691

AUTHORIZATION :

COST LIMIT : \$\sqrt{52.50}

ORDER DATE : October 16, 2017

ORDER TIME : 2:41 PM

ORDER NO. : 868277-096

CUSTOMER NO: 7906691

**----**

## ANNUAL REPORT FILING

NAME: IH2 PROPERTY TRS 2 L.P.

XX\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amy S. Zeigler - Ext. 62317

EXAMINER'S INITIALS:

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

IH2 Property TRS 2 L.P.	
Insert name currently on file with Florida Department of State	:
B14000000236	
Florida Document Number of Limited Partnership or Limited Liability Li	mited Partnership
Pursuant to the provisions of section 620.1207, Florida Statutes, this li or limited liability limited partnership submits the following statement	mited partnership 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 cor filed with the Florida Department of State on 1/11/2018	rected
Tuesday days de la companient de Ottale de	
Insert date document filed with	Dept. of State
TIMRD: The false or erroneous information or defect is as follows:	~~
TIMRD: The false or erroneous information or defect is as follows:	
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.	~~

Signature of a general partner*: (*Note: If adding or deleting an election partners must sign. If dading additional g	to be a limited lia general partner(s)	ibility limited partners. ), the new general part	hip statement, all general ner(s) must sign).	
Allman less				
/ (V-1/ Na + 2/2 ) + 3/ R				
Signature(s) of <u>new</u> general partner	r(s), if any:			
	<del></del>			
Signature of new registered agent, if apprepriate agent must sign accepting the			istered agent, the new	
I hereby accept the appointment as regis to comply with the provisions of all state duties, and I am familiar with and accep	stered agent and utes relative to th	agree to act in this cone proper and comple	te performance of my	
Signat	ure of Registered	Agent	<del></del>	
Signa	are or registered	Agun		
			2018 JAN 2	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		24 A 9: 24	司