

B17000000203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

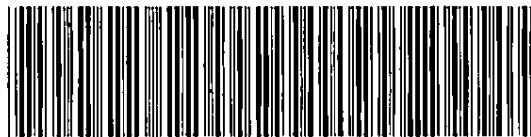
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800303108928

17 AUG 30 AM 11:04

FILED

17 AUG 30 AM 8:56

CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

S. WARREN

AUG 31 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 765935 8084636

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE : August 14, 2017

ORDER TIME : 10:11 AM

ORDER NO. : 765935-015

CUSTOMER NO: 8084636

FOREIGN FILINGS

NAME: REMI LP

 CORPORATE
XXX LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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

REMI LP

Insert name currently on file with Florida Department of State

B17000000203

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 APPLICATION BY FOREIGN LIMITED PARTNEI

Specify document type being corrected

filed with the Florida Department of State on 08/18/2017

Insert date document filed with Dept. of State

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

FEDERAL EMPLOYER IDENTIFICATION NUMBER 27-0867856

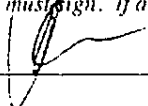
FOURTH: The false or erroneous information or defect is corrected as follows:

FEDERAL EMPLOYER IDENTIFICATION NUMBER 98-1382274

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17 AUG 30 AM 8:56
TALLAHASSEE, FLORIDA

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

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

FILED
17 AUG 30 AM 8: 56
TALLAHASSEE, FLORIDA