Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000353930 3)))



H230003539303ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 75,

Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017

: (855)498-5500 Phone : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J. PARKER PROPERTIES, LLC

\*\*\*corrected; please honor original submission date of 10/9/23

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

\*\*\*corrected; please honor original submission date of 10/9/23

 $\infty$ 

Electronic Filing Menu

From:

Corporate Filing Menu

Help

GCT 11 2023

H23000353930

H23000353930

## 

FIRS		05.0209, F.S., this document is being submitted to correct a previously filed docur f the limited liability company is:    J. Parker Properties, LLC	- T A 14 A 15
SEGO	ND: The	Florida Document number of the limited liability company is:	, i to
THIE		nument to be corrected is: Amended Annual Report filed on October 5, 2023	e e en
-	(CHE	EK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT
83		incorrect statement. The incorrect statement, the reason the statement is incorrect, as follows:	and the corrected $m_{\mu\nu}$
	The principa	ll address, registered agent name & address, and Authorized Persons are incorrect state	ments.
	The stateme	nts are incorrect because the statements contain false information.	267
	See attach	ed corrections	- -
	QR		· · · · · · · · · · · · · · · · · · ·
(a)	Was defecti as follows:	vely signed. The manner in which the document was defectively signed and the ap	
(a)			<u></u>
	OR The electron		100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Signa	OR The electron	gnature of Authorized Representative  Date  istered agent, if applicable: (NOTE: if correcting the registered agent, the new registeror).	23

Filing Fee:

Certified Copy:

\$25,00

\$30.00 (optional)

CR2E062 (9/15)

## Attachment to Statement of Corrections of J. Parker Properties

## The corrected statements are provided as follows:

- The principal address of the business is 1500 South 6th Street MacClenny, FL 32063.
- The registered agent name & address is Jason P. Motley is 1500 South 6th Street MacClenny, FL 32063.
- The Authorized Person(s) is Title: AR, MGR, Name: Jason P. Motley, Address: 1500 South 6th Street. City-State-Zip: Macclenny, FL 32063.