

L120000 96259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

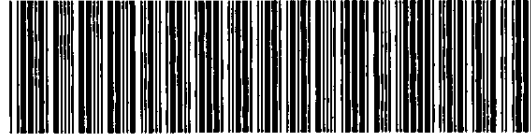
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 18 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHGEI, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTY J. WHITE
Name of Person

CS SUNBIZ, LLC
Firm/Company

700 WEST MORSE BOULEVARD, SUITE 220
Address

WINTER PARK, FLORIDA 32789
City/State and Zip Code

KWHITE@AHG-GROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTY J. WHITE at (407) 691-5600
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: AHGEI, LLC

SECOND: The Florida Document number of the limited liability company is: L12000096259

THIRD: Document to be corrected is: 2015 LIMITED LIABILITY COMPANY ANNUAL REPORT

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

"CURRENT PRINCIPAL PLACE OF BUSINESS", "CURRENT MAILING ADDRESS", AND
"AUTHORIZED PERSON(S) DETAIL" ARE INCORRECT. THE CORRECTIONS ARE AS FOLLOWS:

<u>CURRENT PRINCIPAL ADDRESS</u>	<u>CURRENT MAILING ADDRESS</u>	<u>AUTHORIZED PERSON(S) DETAILS</u>
10801 SYCAMORE SPRINGS LANE GREAT FALLS, VA 22066	P.O. BOX 380 GREAT FALLS, VA 22066	NAME: VACQUISITIONS, LLC ADDRESS: P.O. BOX 380 CITY-STATE-ZIP: GREAT FALLS, VA 22066

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

THE "ELECTRONIC SIGNATURE OF AUTHORIZED REPRESENTATIVE" IS INCORRECT.
THE APPROPRIATE CORRECTION IS AS FOLLOWS:

SIGNATURE: JOSEPH VALANDRA MEMBER 02/26/2015

OR

The electronic transmission of the record was defective.

9-11-2015

Signature of Authorized Representative

Date

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

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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