

L13000153998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

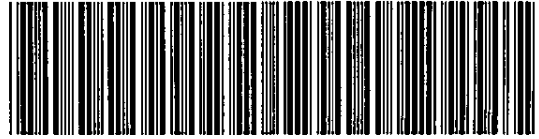
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC -7 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DPG 750 S Orlando Ave 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:

Kenneth C. Wright, Sole Manager  
Name of Person

Scholars Fund Manager, LLC  
Firm/Company

750 S. Orlando Avenue  
Address

Winter Park, FL 32789  
City/State and Zip Code

kwright@scholars-funds.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

407-257-2777 KENNETH C  
Name of Person WRIGHT at ( 407 ) 257 2777  
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

FILED  
2016 NOV 30 PM 6:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: DPG 750 S Orlando Avenue  
L 13000153998

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_

**THIRD:** Document to be corrected is: Amended Annual Report filed 11/11/2016

**(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:  
Incorrectly states Registered Agent and Manager were changed. Impossible, as operating agreement requirements of  
affirmative written consent of 80% of holders of Membership Interests and 100% of  
"Member Representatives", including signor below, were not satisfied. The 11/11/2016 AAR is False sholud be ignored.  
Possible Felony under F.S. Chapter 817.155.

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

**OR**

The electronic transmission of the record was defective. Member of DPG 750 S Orlando Ave LLC  
Jenneth C Wright Sole Manager 29 Nov 2016  
Signature of Authorized Representative of Registered Agent 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.

Scholars Fund N.A.A. Inc, LLC, Fractional + ONLY  
Registered Agent, by: Jenneth C Wright ITS: Sole Manager  
Registered Agent's Signature

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