

L15000105150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

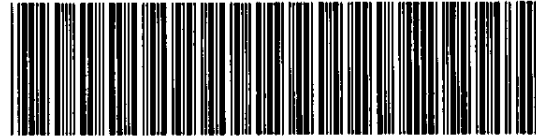
(Business Entity Name)

(Document Number)

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FALL HASSEE, FLORIDA

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DATE: 11/3/16

NAME: PDS FL LICENSE LLC

TYPE OF FILING: CORRECTION

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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: PDS FL LICENSE LLC

SECOND: The Florida Document number of the limited liability company is: L15000105150

THIRD: Document to be corrected is: 2016 Florida Limited Liability Company Reinstatement

(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:

Incorrect Statement: Plan Do See America, Inc., Manager, 25 Broadway, Suite 1010, New York, NY 10004

Reason: Manager should not have been changed on Reinstatement, only change should have been the spelling of Manager's name and the Manager's address.

Correct Statement: Teruaki Katagiri, Manager, 25 Broadway,, Suite 1010, New York, NY 10004

OR

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.


Signature of Authorized Representative

11/2/2016
Date

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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)