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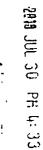
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May 23, 2018

STEWART MANN 1400 VILLAGE SQUARE BLVD, #3-80552 TALLAHASSEE, FL 32312 US

SUBJECT: 7814 REYNOLDS MENTOR OH, LLC

Ref. Number: L16000074089

We have received your document for 7814 REYNOLDS MENTOR OH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 918A00010791

COVER LETTER

TO: Registration Sect Division of Corp				بہ
SUBJECT:	dge The Apple	10	Comment	2018 JUL 30
_	Na Na	ime of Limited Liability	Company	
Dear Sir or Madam:				2
The enclosed Statement o	f Correction and fee(s) are	e submitted for filling.		1200 G
Please return all correspon	ndence concerning this ma	atter to the following:		•
Stusant 1	lann Name of Person			
Bridgether	App LLC Hrm Company			
1400 Village	Square Bld.	#3-80552	-	
Tallahasse	FL 323/	2		
Stewart m 11-mail address: (10	und wild took	terevents on report notification)	•	
For further information of Stewart My Name o	oncerning this matter, plea	ase call:al(3(a/) Area Code	US8-7639 Daytime Telephone Number	_
STREET/COURIER A: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	irele	Reg Div P.O	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314	
Enclosed is a check for	the following amount:			
2525 Filing Fee - 4 (12.44) p. 4 (2.44) CR2E002 (9/15)	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	int to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
<u>firs</u>	T: The name of the limited liability company is: Dridge / K / Hpp LLC
SECC THIR	2018 A 12 m t
,	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: Annual report exponentsly reflects address of Aremer officer as its muiling address and principle place of business. Please correct both to reflect: 1400 Village Square Blvd. #3-80552, Iellahasse, OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
	as follows:
	OR 30
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date Date Date Date Date Date
I here provis obliga reflec	Registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the nitions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address. I bereby confirm that the limited liability company has been notified in writing change. Registered Agent's Signature
	n.u. n

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)