7/22/2016

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H16000176872 3)))



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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone

: (305)444-4994

Fax Number : (305)444-4977

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 10AK MONTESSORI CHILDREN'S HOUSE, LEC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

JUL 2 5 2016

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			s document is being submitt ity company is: 10AK N				
SECOND: The Florida Docume		The Florida Doonme	ot number of the limited lish	allity company is: L160	00076329		
THIRD:		The Florida Document number of the limited liability company is: L16000076329 Document to be corrected is:					
			OPRIATE BOX AND CON		ABLE STATEMENT		
X		ins an incorrect stateme ent are as follows:	nt. The incorrect statement,	the reason the statement i	s incorrect, and the corrected		
	con	npany name:	1 Oak Montess	sori Children's H	ouse, LLC		
	OR Was d		manner in which the docum	ont was defectively signed	and the appropriate correction	: RJ°C	
	<u>OR</u>	_			F 35		
	The el	<u> Zi</u>	f the record was defective. ALCA rized Representative	no c)7/22/2016 Date		
		w registered agent, if a esignation).	pplicable :(NOTE: if correc	ling the registered agent, t	the new registered agent must s	ign	
New R I hereb provisi obligat reflect	egistere ny accept lons of a tions of a	d Agent's Signature, if the appointment as re- il statutes relative to the no position as registere	d agent as provided for in C	act in this capacity. I furth rmance of my duties, and : hapter 605, F.S. Or. if this	ner agree to comply with the I am familiar with and accept to is document is being filed to met impany has been notified in wri	rery	
Registered Agent's Signature							
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			