## 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.

(((H16000201968 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 : QUARLES & BRADY OF TAMPA LLP

Account Number : 120100000038

Phone Fax Number

: (813)387-0266 : (813)387-1800

\*\*Enter the email address for this business entity to be used for Future? annual report mailings. Enter only one email address please

Email Address: bobkrajeski@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMAD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

AUS 1-7-2015

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

Car is a

(((H16000201968 3)))

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

		me of the limited liability company is: Comad. L	•	y filea docu	ment.		_		
SECO	ND:	The Florida Document number of the limited lia	bility company is: L1600	00133545					
THIR	<u>D</u> ;	Document to be corrected is: Articles of Organi	zation	·					
	<u>(</u>	CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLIC	ABLE ST	ATEME	ENT			
$\boxtimes$	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:								
	Article 3 shows the street address of the registered agent to be 17745 Gulf Boulevard, #402, Redington								
	Shore	s, Florida 33708. The registered agent is not at	his address. The Florida	street add	ress of	the_			
	registe	red agent is 17717 Gulf Boulevard, #505, Redir	igton Shores, Florida 33	708.					
	as follo	ctronic transmission of the record was defective.	ent was defectively signe	August	1 1 2		16 ALS 16 AM 9: 40	n are	
New R I hereb provisit abligat reflect	ng the de ealstered by accept ons of all ions of m	v registered agent, if applicable: (NOTE: if correct signation).  Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to statutes relative to the proper and complete perforposition as registered agent as provided for in Confirm the registered office address, I hereby confirm	uct in this capacity. I furti rmance of my duties, and hapter 605. F.S. Or, if the	her agree to I am famili is document	comply ar with i	with and u	the secept t	ihe rely	
		Registered Age	nt's Signature						
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		,				