

2/21/2017

From: GFI FaxMaker To: 8506176383 Page: 1/3 Date: 2/21/2017 11:59:28 AM
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L17000049328

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : 1201200000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ST. JOSEPH REALTY LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Joseph Realty 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:

Amber Ragland

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy Ste 500S

Address

Las Vegas, NV 89169

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Ragland for InCorp Services, Inc. 702 866-2500

Name of Person

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

CR2E062 (9/15)

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**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: St. Joseph Realty LLC

SECOND: The Florida Document number of the limited liability company is: L17000015270

THIRD: Document to be corrected is: Articles of Organization

(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:

Name and address of person authorized to manage LLC: Philip Humphry 4849 Artesian Rd. Land O Lakes, FL 34638

The last name was misspelled

Name and address of person authorized to manage LLC: Philip Humphrey 4849 Artesian Rd. Land O Lakes, FL 34638

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

02/13/2017

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.

Registered Agent's Signature

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

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