

L170000062465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

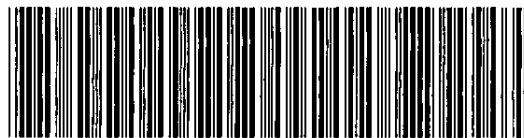
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297232093

FILED
17 MAR 27 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 MAR 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 28 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 569161 8130495

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 24, 2017

ORDER TIME : 1:11 PM

ORDER NO. : 569161-010

CUSTOMER NO: 8130495

DOMESTIC AMENDMENT FILING

NAME: FOX HOMEBUYERS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

FILED
17 MAR 27 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: FOX HOMEBUYERS LLC

SECOND: The Florida Document number of the limited liability company is: L17000062465

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

(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:

The mailing address was incorrectly entered as 905 Red Fox Way Macclenny, FL 32063

The mailing address is 4495-304 Roosevelt Blvd., Suite 237 Jacksonville, FL 32210

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.

Kevin Fox
Signature of Authorized Representative
Kevin Fox, Member

March 24, 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)

FILED
17 MAR 27 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA