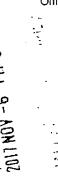
L17000179248

(Requestor's Name)			
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	(* #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		14	
	 .		

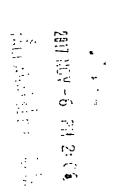






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HOW OF ARIZE

		COVER LET	TER
TO: Registration Sec Division of Corp	oorations	,	
SUBJECT:	ve Twens	Black &	Joel Scurity
Dear Sir or Madam:			
The enclosed Statement of	of Correction and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this ma	atter to the following:	
Catrens	Name of Person	Banks	
Steve Owen	Stock & Lock	Lecurity L	L.C.
130551/8 6	el ane apl:	2//	
Miani, H	La 33/6/ ty/State and Zip Code		
Trina lient E-mail address: (to	s 95 a Gmcu he used for future annual t	C. corv	
For further information c	oncerning this matter, plea	se call:	
Steve Owe	s Block Lock	at (<u>305</u>) Area Code	893-2428 Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ürele	R D P.	egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

L1700079248 STATEMENT OF CORRECTION L1700079248 FOR L17000179248 FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

eeconi	The Elevide Decement number of the limited li	ability company is: <u>L170001792U8</u>
SECONE	I he Florida Document number of the finned in	ability company is. 12 1 7000 / 12/2 tion
THIRD:	Document to be corrected is:	cles of Organization
	(CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT
	contains an incorrect statement. The incorrect statement are as follows:	nt, the reason the statement is incorrect, and the corrected
•	I Stene Vivens Diunes of	L Steve Owens Block : Fock LL
L	would like the change i	my wife in one from
l Q	De Catreraia Owens to Cats Changed her ware with	ing wife in one from mic Smith-Bank she haven't social Security office: I'M.V.
		ment was defectively signed and the appropriate correction are
a	s follows:	
-		
_	,	
(OR .	
_		c an
	he electronic transmission of the record was defective	
	Xtono Dinemo	10/28/2017
•	Signature of Authorized Representative	Date
	of new registered agent, if applicable :(NOTE: if corr the designation).	ecting the registered agent, the new registered agent must sign
New Reg	istered Agent's Signature, if changing Registered Ager	ut:
I hereby of provision obligation	accept the appointment as registered agent and agree t is of all statutes relative to the proper and complete per is of my position as registered agent as provided for in change in the registered office address, I hereby confir	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely methat the limited liability company has been notified in writing
	Registered A	gent's Signature
	Filing Fee: • Certified Copy:	\$25.00 \$30.00 (optional)