

L17000205228

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6363

From: Account Name : M. BURR KEIM COMPANY  
Account Number : 119990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

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**\*\*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  
HOPKINS/REMICK REAL ESTATE HOLDINGS, LLC

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

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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: HOPKINS/REMICK REAL ESTATE HOLDINGS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000205228

**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:

The principal business address, mailing address and the addresses of the members are incorrect as set forth

Principal business address and mailing address: 707 S. White Horse Pike, Audubon, NJ 08106

Names and addresses of the members: John Hopkins, 707 S. White Horse Pike, Audubon, NJ 08106

Jason Remick, 707 S. White Horse Pike, Audubon, NJ 08106

**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.

KBP  
Signature of Authorized Representative

10/20/17  
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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