

L17000262190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

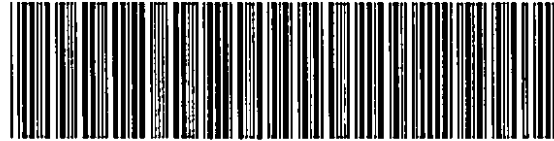
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FILED
18 JAN 18 AM 9:31
TALLAHASSEE FLORIDA

J. LEGGETT
JAN 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JBAKERHP-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:

George H. Greenhill

Name of Person

JBAKERHP

Firm/Company

1134 Romaine Cir. W

Address

Jacksonville, Florida 32225

City/State and Zip Code

hewlfd@comcast.net

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

For further information concerning this matter, please call:

George Greenhill

Name of Person

at **904** **704 7192**

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)

**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: JBAKERHP-LLC

SECOND: The Florida Document number of the limited liability company is: L17000262190

THIRD: Document to be corrected is: Florida LLC Articles

(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:

show effective date as Dec. 26, 2017...s/b Jan 1 2018

Register agt. as Pattie Weston..s/b Patti E. Weston

Article IV show Pattie Weston ...S/B Patti E. Weston

OR ARTICLE II SHOW JACKSON, 32209. S/B
JACKSONVILLE, FL. 32209

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Article V show Pattie E. Weston. s/b Patti E. Weston.

OR

- ☐ The electronic transmission of the record was defective.

Patti E. Weston

1/10/2018

Signature of Authorized Representative

Date

FILED
JAN 18 AM 9:31
ALLSOUTH FLORIDA

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.

Patti E. Weston

Registered Agent's Signature

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