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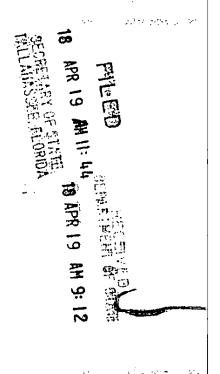
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Evergreen Investment Realty Jackson	onville, LLC
Name of Limited Lia	ibility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	ng:
LaVerne Cox	
Name of Person	
Evergreen Investment Realty Corporation	
Firm/Company	***
4700 Millenia Blvd, Suite 175	
Orlando, FL 32839 City/State and Zip Code	
FLaccounts@evergreenir.com E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	
LaVerne Cox at 678	398-4004
Name of Person Area Code	e 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 \$\bigcup \text{\$30 Filing Fee & Certificate of Status}\$\$ Certified Copy	ce & S60 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: Evergreen Investment Realty Jacksonville, LLC The Florida Document number of the limited liability company is: L18000090253 SECOND: Document to be corrected is: Articles of Organization THIRD: (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 \Box statement are as follows: The mailing address was incorrectly placed. Evergreen Investment Realty Jacksonville, LLC 35 Patterson Road, #464295, Lawrenceville, GA 30044. The corrected address is: 4700 Millenia Blvd., Suite 175, Orlando, FL 32839 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the opriate correction are as follows: OR The electronic transmission of the record was refective. LaVerne Cox 4/18/2018 Signature of Authorized Representative 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)