

May. 22. 2018 2:39PM  
5/22/2018

C18000122942

Division of Corporations

No. 0197 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000157778 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FLORIDA CRYSTALS CORPORATION  
Account Number : I20100000019  
Phone : (561)366-5138  
Fax Number : (561)366-5180

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Maggie.Vinajeras@floridacrystals.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EVOLITE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

J. LEGGETT  
MAY 23 2018

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May. 22. 2018 2:40PM

No. 0197 P. 2  
H18000157778 3

**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: Evolite, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000122942

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(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 and mailing address are incorrect. It was a mistake.

The principal and mailing address of the limited liability company should be:

37021 Gator Blvd., Belle Glade, FL 33430


**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.

 5/18/2018  
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)