

C18000122942

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

No. 0197 P. 1

Division of Corporations

Florida Department of State
Division of Corporations
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To:
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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

18 MAY 22 AM 10:49

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

Certificate of Status	0
Certified Copy	0
Page Count	01
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J. LEGGETT
MAY 23 2018

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DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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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: 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.

 _____
Signature of Authorized Representative Date
5/18/2018

FILED
18 MAY 22 AM 10:49
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, 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.

Registered Agent's Signature

Filing Fee: \$25.00
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