## 118000201838

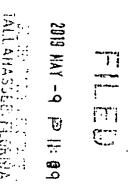
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

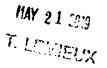
Office Use Only



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## **COVER LETTER**

TO:		stration Sec ion of Coп				
SUBJECT: NCA N6037Z LLC						
.,020	Name of Limited Liability Company					
Dear Si	ir or M	adam:				
The enc	closed :	Statement o	of Correction and fee(s) ar	re submitted for filing		
Please i	return a	ill correspo	ndence concerning this m	latter to the following	:	
NAC	INE	MACC	N			
			Name of Person			
IND	EX II	NVEST	MENT GROUP			
			Firm/Company	<del></del>		
1000 NORTH U.S. HIGHWAY ONE, SUITE 902						
			Address			
JUP	ITEF	R, FL 3	3477			
		Ci	ty/State and Zip Code	<del> </del>		
Nad	line.	Macor	n@IndexInvest	com		
E	-mail a	ddress: (to	be used for future annual	report notification)		
For furt	ther inf	ormation c	oncerning this matter, ple	ase call:		
NADINE MACON				561	529-6385	
		Name o	f Person	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	
Enclose	ed is a	check for t	the following amount:			
<b>■</b> \$25	Filing	Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee. Certificate of Status & Certified Copy	
CR2E0	62 (9/1	5)				

## 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: NCA N6037Z LLC L18000207838 The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: 2019 Fla LLC Annual Report (filed 4/25/2019) THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT ¢ fix Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Name of Manager: Alan R. Swift; Scrivener's Error Listing Prior Manager. Correct and Current Manager is Eric Arens OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Current Manager is: Eric Arens OR  $\overline{}$ The electronic transmission of the record was defective. Nadine Macon, as General Counsel 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:

Certified Copy:

\$25.00

\$30.00 (optional)