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Statement or Charles or

COVER LETTER

TO:						
SHRIF	·CT·					
JODAN.				ame of Limited Liab	ility	Company
Dear Si	ir or N	∕ladam:				
The end	Registration Section Division of Corporations HAPPY HEATHER REALTY LLC CCT: Name of Limited Liability Company ir or Madam: closed Statement of Correction and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: THER LOGUE Name of Person Y HEATHER REALTY LLC Firm/Company LASTONBURY DRIVE Address INDO, FL 32825 City/State and Zip Code ES@HAPPYHEATHER.REALTOR -mail address: (to be used for future annual report notification) ther information concerning this matter, please call: HER LOGUE Name of Person Area Code MAILING ADDRESS: ation Section on of Corporations Building no of Corporations Building P.O. Box 6327 Tallahassee, Florida 32301 ed is a check for the following amount: Filing Fee Certificate of Status Certified Copy 662 (9/15)					
Please i	return	all correspo	ndence concerning this n	natter to the following	z :	
HEAT	HER	LOGUE				
	·		Name of Person		-	
НАРР	Y HE	ATHER RE.	ALTY LLC			
			Firm/Company		-	
614 GI	LAST	ONBURY E	DRIVE			
			Address		-	
ORLA	NDO	, FL 32825				
-		Ci	ty/State and Zip Code	<u> </u>	-	
НОМЕ	ES@I	ІАРРҮНЕА	THER.REALTOR			
E	-mail	address: (to	be used for future annual	report notification)	-	
or furt	ther in	nformation c	oncerning this matter, ple	rase call:		
IEAT	HER	LOGUE			39	99-4337
		Name o	f Person		J	Daytime Telephone Number
egistra visio ifton 61 E:	ation n of (Build xecut	Section Corporations ling ive Center C	ircle		Reg Div P.O	istration Section ision of Corporations . Box 6327
iclóse	ed is	a check for (the following amount:			
\$25	Filin	g Fee			&	Certificate of Status &
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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.

SECOND:	The Florida Document number of the limited liabi	The Florida Document number of the limited liability company is:							
HIRD:	Document to be corrected is: ADDRESS Art								
	(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATE	<u>MENT</u>						
_	tains an incorrect statement. The incorrect statement, tement are as follows:	he reason the statement is incorrect, and	d the corrected						
INC	NCORRECT ADDRESS LISTED. PLEASE CORRECT.								
co	RRECT ADDRESS IS 614 GLASTONBURY DRIVE, O	RLANDO. FL 32825							
OR									
	s defectively signed. The manner in which the docume ollows:	nt was defectively signed and the appro	priate correction						
			2/1/20						
_			120 JUN						
 									
<u>OR</u>			PH						
] The	electronic transmission of the record was defective.		مٰن						
	Slather for	5/20/2020							
	Signature of Authorized Representative	Date							
	HEATHER LOGUE new registered agent, if applicable :(NOTE: if correct designation).	ng the registered agent, the new registe	red agent must si						
ereby acco ovisions of igations of	red Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to all statutes relative to the proper and complete perfor f my position as registered agent as provided for in Change in the registered office address. I hereby confirm the	nance of my duties, and I am familiar was apter 605, F.S. Or, if this document is b	with and accept the being filed to mer						
	Registered Ager	t's Signature							
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)							