

L2 0000231982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

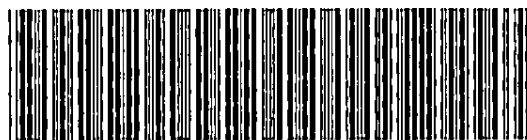
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



200350036392

08/17/20--01031--025 **35.00

FILED
CLERK OF STATE
RECEIVED
20 NOV 19 AM 10:45

*Statement
of
Correction*

NOV 19 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Place Too, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clinton Stevens

Name of Person

Our Place Too, LLC

Firm/Company

7770 Texas Trail

Address

Boca Raton, FL 33487

City/State and Zip Code

orisart@gmail.com

E-mail address: (to be used for future annual report notification)

20 NOV 19 AM 10:15
CLB
STATE DEPT OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Clinton Stevens

Name of Person

at (561) 414-9993

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2020

CLINTON STEVENS
OUR PLACE TOO, LLC
7770 TEXAS TRAIL
BOCA RATON, FL 33487

SUBJECT: OUR PLACE TOO, LLC
Ref. Number: L20000231982

We have received your document for OUR PLACE TOO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00019578

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

rsuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

RST: The name of the limited liability company is: Our Place Too, LLC

COND: The Florida Document number of the limited liability company is: L20000231982

IRD: Document to be corrected is: Article III - Registered Agent

(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:

When Filing the Articles of Incorporation for this entity, I incorrectly
put the wrong Registered Agent. Hideaway Delray is not the
Registered Agent for "Our Place Too, LLC." Registered Agent needs to
be changed from Hideaway Delray, LLC to: Clinton Stevens
The Registered Agent and Registered Agent's address should read as
follows:

OR

Clinton Stevens
7770 Texas Trail
Boca Raton, FL
334187

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

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

ew 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
this change.

Clinton Stevens
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)