K21000 211242

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

TO: Amendment Section Division of Corporations

| SUBJECT: CORONET 160 PROPERTY HOL | | | | | |
|--|---------------------------------|--|--|--|--|
| DOCUMENT NUMBER: L21000211242 | Name of Corporation | | | | |
| The enclosed Articles of Correction and f | ee are submitte | ed for filing | | | |
| Please return all correspondence concerni | | Č | | | |
| | ing this matter (| to the following. | | | |
| ROSALINDA THOMAS | <u> </u> | | | | |
| Name of Contact Person REGISTERED AGENT | | | | | |
| Firm/Company | <u> </u> | | | | |
| 6027 DALLAS BLVD | | | | | |
| Address | | | | | |
| ORLANDO FL 32833 | | | | | |
| City/State and Zip Code | | <u> </u> | | | |
| SAME EMAIL ON FILE | | | | | |
| E-mail address; (to be used for future annual) | report notification) | | | | |
| For further information concerning this m | attor plogeo og | 11. | | | |
| | | | | | |
| ROSALINDA THOMAS | at (Area Cod | 592-5044 Daytime Telephone Number | | | |
| Name of Contact Person | Area Cod | e Daytime Felephone Number | | | |
| Enclosed is a check for the following amo | ount: | | | | |
| ■ \$35.00 Filing Fee | □ \$43.75 F | ☐ \$43.75 Filing Fee & Certificate of Status | | | |
| ☐ \$43.75 Filing Fee & Certified Copy | □ \$52.50 F Co | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | | |
| Mailing Address: | | Street Address: | | | |
| Amendment Section Division of Corporations | | Amendment Section | | | |
| P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 81 | | | | |

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

| CORONET 160 PROPERT | Y HOLDINGS LLC | | | | |
|---------------------------------|---|------------------------------|------------------------|--------------|-------------|
| N | ame of Corporation as curr | ently filed with the Floric | la Dept. of State | | |
| 1 | .21000211242 | | | | |
| - | | nt Number (if known) | | | |
| | | | | | |
| Pursuant to the provisions of | f Section 607.0124 | 1, Florida Statute | 28. | | |
| These articles of correction of | correct FLORIDA I | IMITED LIABILI | TY ARTICLES OF INC | <u> </u> | _• |
| | | (txxumen | Type Being Corrected) | | |
| filed with the Department of | State on O3/00/202 | (File Date of Docum | nent) | | |
| Specify the inaccuracy, inco | rrect statement, or | · defect: | | | |
| REGISTERED AGENT NAME. | | | STAKENLY ENTERED | IN AS M | GR. |
| PLEASE CORRECT MANAGE | ER TO "ORION FL. I | .LC" ADDRESS I | REMAINS THE SAME | | ULD ST) |
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| | | - | | 33.5 | - P6 |
| Correct the inaccuracy, inco | rrect statement, or | defect: | | 55 E | ₹ □ |
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| | ature of a director, presiden | | ctors or officers have | | |
| not b | seen selected, by an incorpor r court appointed fiduciary, | rator - if in the hands of t | | | |
| _ | | | | 1 | , |
| ROSALIMDA | THOMAS | | Agenti | Trust | lee |
| (Typed or printed name | | | (Title of | person signu | ig) |

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Filing Fee: \$35.00