

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



07705723--01005--007 **25.00



. •

Office Use Only

	INC. P.O. Box 3	236 East 6th Avenue. Tallahassee, Florida 32303 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
	Р	PICK UP: MISTY 7/5
	CERTIFIED COPY	Y
XX	рнотосору	
	CUS	
xx	FILING	STATEMENT OF CORRECTION
	SPORTS FOR WIL	DLIFE PRESERVATION, LLC
	(CORPORATE NAME AND D	DOCUMENT #)
	(CORPORATE NAME AND D	
		DOCUMENT #)
	(CORPORATE NAME AND D (CORPORATE NAME AND D	DOCUMENT #)
	CORPORATE NAME AND D	DOCUMENT #)
	(CORPORATE NAME AND D (CORPORATE NAME AND D	DOCUMENT #)
	(CORPORATE NAME AND D (CORPORATE NAME AND D (CORPORATE NAME AND D	DOCUMENT #)

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: ______

L23000310513 The Florida Document number of the limited liability company is: SECOND:

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:

Article II - The name of the individual and address of the principal and mailing address was listed incorrectly and is

corrected to read as follows:

c/o Steven Myers, 3000 Island Blvd. PH4, Aventua, FL 33106

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are 0 as follows:

<u>OR</u>

The electronic transmission Standare of Authorized Representative

Signature of new registered agent, if applicable : (NOFE: A 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 llability company has been notified in writing of this change.

> **Registered Agent's Signature** Filing Fee:

Certified Copy:

\$25.00 \$30.00 (optional)



