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COVER LETTER

TO: Registration Section Division of Corporations

Universal City Property Management III, LLC

SUBJECT: _

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:

Deborah Mathis

Name of Person

Thomas Land & Development

Firm/Company

47 E. Aviation Way

Address

Newnan, GA 30263

City/State and Zip Code

dmathis@thomasent.com

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

For further information concerning this matter, please call:

Deborah Mathis	678 423-6517 at (
Name of Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite	810
	Tallahassee, FL 32303	

Enclosed is a check for the following amount:

↓ \$25 Filing Fee□\$30 Filing Fee &□\$55 Filing Fee &□\$60 Filing Fee,Certificate of StatusCertified CopyCertificate of StatusCertified CopyCertified Copy	15 &
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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.

Universal City Property Management III, LLC **FIRST**: The name of the limited liability company is:_____

SECOND:	The Florida Document number of the limited liability company is:	M02000001115	-

Annual Report Document to be corrected is: THIRD:

(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: ۴.,

The registered agent has changed. It previously stated Steve Boone but now is Paracorp.		021	-
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Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

M

The electronic transmission of the record was defective.

Signature of Authorized Representative

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.

Attached Lefter From Paracorp, Inc. Registered Agent's Signature See

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional) 7/21/21

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 7/21/2021

. .

ENTITY NAME: Universal City Property Management III, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

errer ____

Leticia Herrera, Assistant Secretary Paracorp Incorporated