

M130000000330

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 25 PM 4:02

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLFIN AI-FL 3, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$25.00).

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 AUG 25 AM 9:02

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLFIN AI-FL 3, 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:

**JULIANNE BLANCHETTE**

Name of Person

**COLONY STARWOOD HOMES**

Firm/Company

**8665 E HARTFORD DR SUITE 200**

Address

**SCOTTSDALE, AZ 85255**

City/State and Zip Code

**JULIANNE.BLANCHETTE@COLONYSTARWOOD.COM**

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

For further information concerning this matter, please call:

**JULIANNE BLANCHETTE** at **480** **800-3476**

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: COLFIN AI-FL 3, LLC

**SECOND:** The Florida Document number of the limited liability company is: M13000000330

**THIRD:** Document to be corrected is: FEI/EIN NUMBER

**(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:

EIN is incorrect and should be corrected to read 90-0923749

**OR**

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] \_\_\_\_\_ 24 August \_\_\_\_\_  
Signature of Authorized Representative Date

FILED  
16 AUG 25 AM 9:32  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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 603, 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.*

\_\_\_\_\_  
Registered Agent's Signature

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