

**M14000003730**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000136408 3)))



H140001364083ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CORPORATE ACCESS, INC.  
Account Number : FCA000000011  
Phone : (850) 222-2666  
Fax Number : (850) 222-1666

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

Email Address: \_\_\_\_\_

RECEIVED

14 JUN 10 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CHG MANAGEMENT PROVIDENCE INDEPENDENCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help  
JUN 11 2014

EXAMINER

((H14000136408 3)))

**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: \_\_\_\_\_  
CHG MANAGEMENT PROVIDENCE INDEPENDENCE, LLC

**SECOND:** The Florida Document number of the limited liability company is: M14000003730

**THIRD:** Document to be corrected is:  
Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

**(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

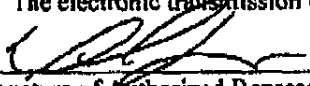
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Kenneth R. Assiran,  
Manager 1422 Clarkview Road, Baltimore, MD 21209. The document is corrected to read as follows:

The name, title or capacity and address of the person who has authority to manage is:

Daniel Baird, Manager 1422 Clarkview Road, Baltimore, MD 21209

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

6/10/2014  
Date

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

((H14000136408 3)))