M 150000 Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| To: | |
| | Division of Corporations |
| | |
| _ | Fax Mumber : (450)617-6583 |
| From: | >> 1 |
| | Account Name : CORPORATE ACCESS, INC. |
| | Account Number : FCA000000011 |
| | Phone : (850)222-2666 |
| | Fax Number : (850)222-1666 |
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| **Enter the | email address for this business entity to be used for future |
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| | Adams: |
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| | AMND/RESTATE/CORRECT OR M/MG RESIGN |
| | AMND/RESTATE/CORRECT OR FILL C |
| LLC | AMINDIA OF FL, LLC |
| | NEIGHBORHOOD HOMES OF FL, LLC |
| | |
| | Certificate of Status 0 |
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| | Certified Copy 02 |
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Electronic Filing Menu

Corporate Filing Menu

(((H15000264438 3))) COVER LETTER

TO:

Registration Section
Division of Corporations

| Division of Co | проганова | | | | | | | |
|--|--|---------------------------------|---|--|--|--|--|--|
| NEIGHBORHOOD HOMES OF FL, LLC | | | | | | | | |
| | 1 | Name of Limited Liabi | lity Company | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Statement of Correction and fee(s) are submitted for filing. | | | | | | | | |
| Please return all corresp | ondence concerning this n | natter to the following: | | | | | | |
| Nate Nelso | on | | | | | | | |
| | Name of Person | | | | | | | |
| NEIGHBORH | OOD HOMES | OF FL, LLC | | | | | | |
| | Firm/Company | | | | | | | |
| 4956 N 30 | 0 W STE 20 | 0 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Address | | | | | | | |
| Provo, UT | 84604 | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| nate@kmc | mh.com | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| | | | | | | | | |
| For further information | concerning this matter, ple | ease call: | | | | | | |
| Nate Nelsc | on | " ₍ 801) | 228-9702 Daytime Telephone Number | | | | | |
| Name | of Person | Area Code | Daytime Telephone Number | | | | | |
| STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, Florida 323 | g Zîrele | F I F | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314 | | | | | |
| Enclosed is a check for | the following amount: | | | | | | | |
| \$25 Filing Fee | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | c \$60 Filing Fee, Certificate of Status & Certified Copy | | | | | |
| | | | | | | | | |

CR2E062 (9/15)

(((H150002644383)))

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | | | | tted to correct a previously HBORHOOD HON | | _, LLC | | |
|--|---|--|--|---|---|---|--|--|
| SECO THIR | <u>ND;</u> | The Florida Document no | umber of the limited list distance of the limited list distance di | ability company is: MIS Foreign LLC to Transa | 50000055 act Business in | S } | | |
| | <u>(CI</u> | HECK THE APPROPE | LATE BOX AND CO | MPLETE THE APPLICA | ABLE STATEM | <u>ent</u> | | |
| × | | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: | | | | | | |
| | Incorrect : | Incorrect : The name of the person who has authority to manage is; Neighborhood Homes, Inc., by C. Nate Nelson, its President | | | | | | |
| | Reason | : Inaccurate. Mr. Nels | on shall manage dire | ectly and as an individual. | . No change to | address. | | |
| | Correc | ted: The name | of the person who l | has authority to manag | ge is: C. Nate | Nelson | | |
| | OR Was defe as follow | | mer in which the docur | nent was defectively signed | SEPPOPH NO - | ate correction are | | |
| | OR | | | | Y OF STATE EE. FLORIDA | Francisco (Control of Control of | | |
| | The elect | ronic transmission of the | record was defective. | | | | | |
| | | Signature of Authorized | d Representative | | Date | | | |
| _ | re of new ng the desi | - • • • • • • • • • • • • • • • • • • • | cable :(NOTE: if corre | ecting the registered agent, t | he new registered | l agent must sign | | |
| I hereb provision obligat reflect | y accept th ons of all s ions of my | tatutes relative to the pro position as registered ag n the registered office ad | red agent and agree to oper and complete perf tent as provided for in | act in this capacity. I furth formance of my duties, and l Chapter 605, F.S. Or, if this 1 that the limited liability co | l am familiar with s document is bei | h and accept the ng filed to merely | | |
| | | | Registered Ag | gent's Signature | | | | |
| | | ı | Filing Fee: Certified Capy: (((H150002 | \$25.00 \$30,00 (optional) 6443 (3))) | | | | |

CR2E062 (9/15)