

1500006446

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MALCOLM B. WISEHEART III, PLLC
Account Number : I20150000071
Phone : (305) 285-1222
Fax Number : (305) 858-4864

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

Email Address: mwiseheart@wiseheart.law

RECEIVED
2016 APR -4 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAWKINS PARK PROPERTIES LLC**

Certificate of Status	0
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Page Count	01
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K. SALY
EXAMINER
APR -5

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2016 APR -4 AM 8:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Hawkins Park Properties LLC

SECOND: The Florida Document number of the limited liability company is: M15000006446

THIRD: Document to be corrected is: Annual Report dated April 3, 2016

(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:

The Registered Agent's Address contains an incorrect city and zip code.

Instead of reading "Miami, FL 33127," the address should read

"Coral Gables, FL 33146."

OR

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

Not Applicable

OR

- ☐ The electronic transmission of the record was defective.

Not Applicable

Signature of Authorized Representative

Date

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.



Registered Agent's Signature

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)

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