

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : UNISEARCH, INC. (OR)
Account Number : I20150C00113
Phone : (800) 554-3113
Fax Number : (800) 554-3114

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUKES LOBSTER HOLDING LLC

Certificate of Status	0
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Page Count	01
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MAY 10 P 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016

5/10/2016

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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.

FIRST: The name of the limited liability company is: Lukes Lobster Holding LLC

SECOND: The Florida Document number of the limited liability company is: M16000003706

THIRD: Document to be corrected is: Application by Foreign LLC 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:

The name of the registered agent is incorrect. The correct name is:
NRAI Services, Inc.

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 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.

NRAI Services, Inc.

By:

Shari Stoutenburg
Registered Agent's Signature

Shari Stoutenburg, Assistant Secretary

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

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