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K. SALY
DEC 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **University Residences FSU, 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:

Susan Wilgus

Name of Person

The Edwards Companies

Firm/Company

495 South High Street, #150

Address

Columbus, OH 43215

City/State and Zip Code

swilgus@edwardscompanies.com

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

For further information concerning this matter, please call:

Susan Wilgus

Name of Person

614

Area Code

241-2070

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: University Residences FSU, LLC

SECOND: The Florida Document number of the limited liability company is: M17000001557

THIRD: Document to be corrected is: Qualification of Foreign LLC

(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:

FSU Investors, LLC is not the sole member. The members are Edwards Associates FSU, LLC and 10th Mountain

Division FSU, LLC, both Ohio limited liability companies. The Manager is Edwards Associates FSU, LLC.

The address for the Manager is 495 South High Street, Suite 150, Columbus, Ohio 43215.

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.

Susan L. C. Grant Sec. 10/23/18
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: \$25.00
Certified Copy: \$30.00 (optional)