

MI8600007002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

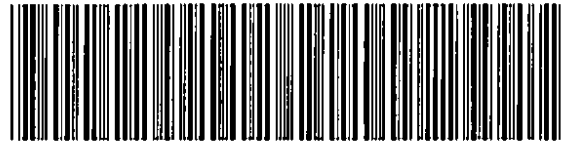
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG -2 PM 1:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


FILED

18 AUG -2 PM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 03 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 330420 7130633
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : August 2, 2018
ORDER TIME : 1:10 PM
ORDER NO. : 330420-005
CUSTOMER NO: 7130633

FOREIGN FILINGS

NAME: AMERICROWN SERVICE, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

**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: AMERICROWN SERVICE, LLC

SECOND: The Florida Document number of the limited liability company is: M18000007002

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:

No. 3 FEI number is incorrect. The correct FEI for Americrown Service, LLC
is 23-1987125.

The FEI inserted was mistakenly that of the sole member.

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.

Benjamin A. Odum August 2, 2018
Signature of Authorized Representative Date
Benjamin A. Odum, Secretary

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)