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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 lial   | pility company is:  | 100, ELC.   |   |        |
| SECOND: The Florida Document number of the limited liability company is: M1900000563-                        |  | M19000005634  |   |   |        |
| THIRD  | Document to be co  | Document to be corrected is: Application for Authorization to Transact Business in Floric |   |   |        |
|  | (CHECK THE APPI  | ROPRIATE BOX AND COM  | <u>PLETE THE APPLICABLE STAT</u>  | EMENT                                   |        |
| ×  | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: |   |   |   |        |
|  | Incorrect EIN provided in It   | em #3. Item #3 should be correct  | ed to read: 83-2683068  |   |        |
|  |  |   | <u> </u>  |   |        |
|  |  |   |   |   |        |
|  | OR   |   |   |   |        |
|  | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction a as follows:                 |   |   |   |        |
|  |  |   | :   | , ;                                     |        |
|  |  |   |   |   |        |
|  | OR   |   |   | 2                                       |        |
|  | The electronic transmission  | of the record was defective.  |   | <u> </u>                                | Ĭ      |
| _  | BÍO.   |   | 11/5/202  | 0                                       |        |
|  | Signature of Aut<br>Bradley Owens  | horized Representative  | Date  | ٠,                                      |        |
| Signatu<br>acceptii  | are of new registered agent, ing the designation).   | fapplicable :( NOTE: if correct   | ling the registered agent, the new regis  | stered agent must                       | t sign |
| l hereb<br>provisit<br>obligat<br>reflect t  | y accept the appointment as<br>ons of all statutes relative to<br>ions of my position as regist  | the proper and complete perfoi<br>ered avent as provided for in C                         | nct in this capacity. I further agree to commance of my duties, and I am familia hapter 605, F.S. Or, if this document that the limited liability company has | r with and accep<br>is being filed to n | nereix |
|  |  | Registered Age  | nt's Signature  |   |        |
|  |  | Filing Fee:<br>Certified Copy:  | \$25.00<br>\$30.00 (optional)   |   |        |