4/21/2021

Division of Corporations



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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant	t to sect	ion 605.0209, F.S., this document is being subm	itted to correct a previously filed document.					
FIRST:		ne of the limited liability company is: Branch Burnt Store GP, LLC						
		The Florida Document number of the limited liability company is: M19000006925 M29000006925 M290000006925 M2900000006925 M2900000006925 M2900000006925 M2900000006925 M290000006925 M2900000006925 M2900000006925 M2900000006925 M2900000006925 M2900000006925 M29000000000000000000000000000000000000						
	<u>(C</u>		OMPLETE THE APPLICABLE STATEMENT					
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
	Incorrect Statement: Registered Agent Name is Bell, Denise, Assistant Secretary Course: Statement: Registered Agent Name is CT Corporation System							
	Correct Statement: Registered Agent Name is CT Corporation System							
	Miscommunication between RA and entity that lead to the signatory being listed as agent.							
0	Was do	efectively signed. The manner in which the docu	nment was defectively signed and the appropriate corre	SET PH 1: 18 SET OF STATE SSET FEBORINAL				
0	OR The el	ectronic transmission of the record was defective	Richard II Lee Executive Vice President 4-15-21					
		Signature of Authorized Representative	Date	_				
acceptii	ng the d	ew registered agent, if applicable :(NOTE: if coresignation).	recting the registered agent, the new registered agent r	nust sign				
I hereby provisio	y acceptions of a ions of a ions of a a chang	ll statutes relative to the proper and complete pe	to act in this capacity, I further agree to camply with a rformance of my duties, and I am familiar with and a n Chapter 605, F.S. Or, if this document is being filed rm that the limited liability company has been notified	to merely				
		Registered .	Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)					