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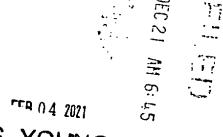
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S. YOUNG

COVER LETTER

	gistration Secti vision of Corpo					
SUBJECT:	ROCKWELL FL. LLC					
SOBJECT	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Statement of	Correction and fee(s)	are submitted for filin	g.		
Please return	all correspon	dence concerning this	natter to the followin	g:		
D. BUSII						
		Name of Person		_		
TRAYLOR	CAPITAL/RC	OCKWELL.				
		Firm/Company		_		
835 N. CON	IGRESS AVE	•				
	· · · · · · · · · · · · · · · · · · ·	Address		-		
EVANSVIL	LE, IN 47715	i				
	City	State and Zip Code		_		
TBIADMIN	@TRAYLOR	.СОМ				
E-mail	address: (to b	e used for future annua	I report notification)	_		
For turther in	nformation co	ncerning this matter, pl	ease call:			
DONNA BL	JSH		812 at (477-1542		
	Name of	^o erson	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is	a check for th	e following amount;				
□\$25 Filing	Fee =	\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/	/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to s	ection 605,0209, F.S., this document is being submitted to correct	et a previously filed document.	
<u>FIRS</u>	<u>T</u> : The	name of the limited liability company is: ROCKWELL FL. LLC		757
				. DEG
SECO	OND:	The Florida Document number of the limited liability compa	M20000005998	2
		Application by Foreign Limited I Document to be corrected is: Business in Florida	Liability Company for Authorization to	Transact
		(CHECK THE APPROPRIATE BOX AND COMPLETE T	<u>HE APPLICABLE STATEMENT</u>	6: 5
Z		tains an incorrect statement. The incorrect statement, the reason ement are as follows:	the statement is incorrect, and the co	
	One	of the Authorized Persons, The President name of Robert Mosier is	incorrect. His address of 835 N. Cong	ress
	Ave	Evansville, IN 47715 is also incorrect.		
	The	correct name is John R. Mosier, Jr. and address of 1420 Celebration	Blvd., Stc. 200, Celebration, FL 347-	17
	OR			
	<u>OR</u>			
	The	electronic transmission of the record was defective.		
		all an	12/11/2020	
		Signature of Authorized Representative	Date	
New I I here provis obliga reflect	ting the Registe by acce tions of tions o	new registered agent, if applicable :(NOTE: if correcting the rege designation). red Agent's Signature, if changing Registered Agent: ppt the appointment as registered agent and agree to act in this call statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of any position as registered agent as provided for in Chapter 605, age in the registered office address, I hereby confirm that the limit e.	apacity. I further agree to comply wi ny duties, and I am familiar with and F.S. Or, if this document is being fil	th the Laccept the led to merely
		Registered Agent's Signatu	ire	
		Filing Fee: \$25. Certified Copy: \$30.	00 00 (optional)	