

M21000010546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

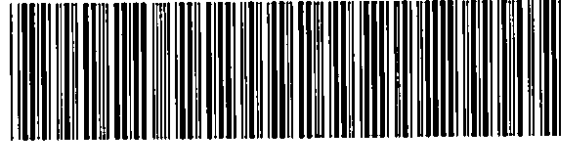
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT 29 PM 1:03

SEP 29

Stmt Corr  
Alanie Chg

NOV 02 2021  
ALBRITTON

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

ACCOUNT NO. : I20000000195

REFERENCE : 180519 7283904

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : October 29, 2021

ORDER TIME : 10:02 AM

ORDER NO. : 180519-005

CUSTOMER NO: 7283904

*File date: 10/29/21 \**

FOREIGN FILINGS

NAME: 6367 LAKE WILSON ROAD GROUND  
OWNER LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:                     

*10*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 6367 Lake Wilson Road Ground Owner 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:

Irina Shurinova

\_\_\_\_\_  
Name of Person

iStar Inc.

\_\_\_\_\_  
Firm/Company

1114 Avenue of the Americas, 39th Floor

\_\_\_\_\_  
Address

New York, NY 10036

\_\_\_\_\_  
City/State and Zip Code

ishurinova@istar.com

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

For further information concerning this matter, please call:

Irina Shurinova

415

263-8643

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 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: 6367 Lake Wilson Road Ground Owner LLC

**SECOND:** The Florida Document number of the limited liability company is: M21000010546

**THIRD:** Document to be corrected is: Application by Foreign LLC for Authority to Transact Business in FL

**(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:

The word "Road" in the company name was mistakenly included due to a typographical error.


The correct entity name should be 6367 Lake Wilson Ground Owner LLC.

**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.



Signature of Authorized Representative

October 29, 2021

Date

2021 OCT 29 PM 1:03

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)**