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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| Pursuant (           | e section 605.0209, F.S., this document is being submitted to correct a previously filed cocument.   |
|----------------------|--|
| <u>first</u> : 1     | he name of the limited liability company is: ADK (encept LL)   |
| SECONI               | The Florida Document number of the limited liability company is:  Document to be corrected is:   |
| vanisce.             | 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:  Incorrect TAXID 86-4005125 (wrong +004)  |
|                      | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:  the correct TAX ID should be 86-3902345  |
|                      | OR  The electronic transmission of the recordavas sefective    10/12/202    Signature of Authorized Representative   Defe  |
| Signatu<br>acceptio  | re of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign agent designation).   |
| I hereb)<br>provisio | ngistered Agent's Signature, if changing Registered Agent; I accept the appointment as registered agent and agree to act in this capacity. I further a gree to comply with the I accept the appointment as registered agent and agree to act in this capacity. I further a gree to comply with the Instantian of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the I constant of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely I change in the registered office address, I hereby confirm that the limited liability company has been notified in writing I change. |
|                      | Registered Agent's Signature   |

\$25.00

\$30.00 (optional)

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