M21000013713

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: October 20, 2021 ORDER TIME : 6:08 PM ORDER NO. : 149851-005 CUSTOMER NO: 5045187 FOREIGN FILINGS NAME: FLORIDA'S BEST CHICKEN, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to s	section 605.0209, F.S., this document is being submit	ted to correct a previously filed document.		
FIRST: The	name of the limited liability company is: Florida's	Best Chicken, LLC	2:01	
			J: 0	
SECOND:	The Florida Document number of the limited lia	bility company is: M21000013713		
THIRD:	Document to be corrected is: Qualification filed	on 10/15/2021		
	(CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT		
	tains an incorrect statement. The incorrect statement ement are as follows:	, the reason the statement is incorrect, and the corrected		
	Please correct the officer titles as follows: Daniel B. Fitzpatrick as MGR only, John C. Firth as MGR only and Daniel J. Fitzpatrick as AP only. Additionally, please add Jennifer B. Tyler			
as	AP. The address is 10002 Princess Palm Ave	nue, Suite 106, Tampa FL 33619.		
<u>OR</u>				
	s defectively signed. The manner in which the docum pllows:	nent was defectively signed and the appropriate correction	1 are	
<u>OR</u>				
□ The	electronic transmission of the record was defective.			
	/s/ John C. Firth	10/20/2021		
	Signature of Authorized Representative	Date		
Signature of accepting the	new registered agent, if applicable :(NOTE: if correct designation).	cting the registered agent, the new registered agent must s	sign	
I hereby acce provisions of obligations o	all statutes relative to the proper and complete perfor I my position as registered agent as provided for in (Inge in the registered office address, I hereby confirm	act in this capacity. I further agree to comply with the armance of my duties, and I am familiar with and accept to Chapter 605, F.S. Or, if this document is being filed to me that the limited liability company has been notified in wr	erely	
	Registered Agent's Signature			
	Filing Fee:	\$25.00		

Certified Copy:

\$30.00 (optional)