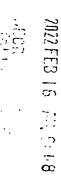
M22000002190

(R	Requestor's Name)	
(A	ddress)	
(Address)		
(C	City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
		, <u> </u>
	Business Entity Name)	
(1)	ousiness chary Name)	
		
(L	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200381365012



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 490701 AUTHORIZATION COST LIMIT : \$25-00 ORDER DATE: February 16, 2022 ORDER TIME : 2:53 PM ORDER NO. : 490701-005 CUSTOMER NO: 7320396 FOREIGN FILINGS NAME: MCK FACILITY MANAGER LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	istration Section ision of Corporations		
SURJECT:	MCK FACILITY MANAGER LLC		
	CT:Name of Limited Liability Company		
Dear Sir or M	1adam:		
The enclosed	Statement of Correction and fee(s) are submitt	ed for tiling.	
Please return	all correspondence concerning this matter to th	e following:	
ELAINE VA	INCOURT		
	Name of Person		
ALIMENTA	TION COUCHE-TARD INC.		
	Firm/Company		
4204 BOUL	INDUSTRIEL		
	Address		
LAVAL, QL	EBEC, H7L 0E3		
	City/State and Zip Code		
ELAINE.VA	INCOURT@COUCHE-TARD.COM		
E-mail	address: (to be used for future annual report not	ification)	
For further in	formation concerning this matter, please call:		
ELAINE VA	INCOURT 4	50 662-6632	
	Name of Person	Area Code Daytime Telephone Number	
Reş Div P.C	ting Address: gistration Section ision of Corporations box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is	check for the following amount:		
□\$25 Filing		ing Fee & S60 Filing Fee, ied Copy 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: _____MCK FACILITY MANAGER LLC M22000002190 The Florida Document number of the limited liability company is: **SECOND:** Document to be corrected is: Application by foreign limited liability company THIRD: (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: Louise Warner, SVP was incorrectly declared on the application by foreign LLC. The corrected statement is to add Debbie Gooldy as Assistant Secretary address: 4080 W Jonathan Moore Pike, Columbus, IN 47201 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 02/16/22 Signature of Authorized Representative Date 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:

Certified Copy:

\$25.00

\$30.00 (optional)