

5/6/22, 1:40 PM

Division of Corporations

**M2200006512**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H220001644733)))



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Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AIREIT HOAGLUND DC LLC**

Certificate of Status	0
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2022 MAY -6 PM 3:18

SECRET OF STATE  
TALLAHASSEE, FLORIDA

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MAY -9 2022

**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: AIREIT Hoaglund DC LLC

**SECOND:** The Florida Document number of the limited liability company is: M22000006512  
Application for Foreign Limited Liability Company for Authorization

**THIRD:** Document to be corrected is: to Transact Business in Florida

**(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:

Name of Foreign Limited Liability Company 1. AIREIT Hoaglund DC LLC

Scrivener's error in the spelling of the entity name

Name of Foreign Limited Liability Company 1. AIREIT Hoagland DC 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.

*Paul Wadant*

05-05-2022

Signature of Authorized Representative

Date

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2022 MAY -6 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)