

M22000016900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

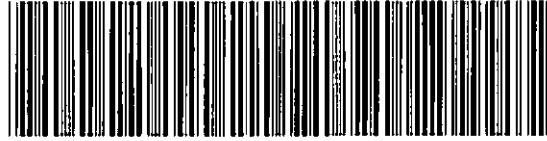
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 16 PM 12:48

ALLAHASSIE, HI

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2022 NOV 16 PM 2:49

ALLAHASSIE, ILLINOIS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 11/16/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1085675

ORDER ENTITY
KEIZER CAMPUS OPERATIONS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KEIZER CAMPUS OPERATIONS, LLC (FL)

File the attached correction document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

FILED**2022 NOV 16 PM 12:48**

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: KEIZER CAMPUS OPERATIONS, LLCSeal of the State of Florida
TALLAHASSEE, FL**SECOND:** The Florida Document number of the limited liability company is: M22000016900**THIRD:** Document to be corrected is: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY**(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:

ADDRESS OF REGISTERED AGENT IS INCORRECT. THE CORRECT ADDRESS SHOULD BE

1200 SOUTH PINE ISLAND ROAD, PLANTATION, FLORIDA 33324**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.

CORINNE GAMES11/16/2022

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.

DocuSigned by:

CORINNE GAMES

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)