To: 18506176383 From: 14693173436 Date: 01/12/24 Time: 4:35 PM Page: 01/02

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	t to section 605.0209, F.S., thi	s document is being submitte	ed to correct a previously filed d	ocument.	
FIRST:	The name of the limited liabil	JONES LOC	P ROAD CESS LLC		
				_	
SECON			ility company is: M2300001172	б	
THIRD	Document to be corre	coted is:	WITHDRAWAL		
	(CHECK THE APPRO	PRIATE BOX AND COM	IPLETE THE APPLICABLE	STATEMENT	
0	rect, and the corrected				
	OR			2024 SEC	
X .	Was defectively signed. The as follows:	ent was defectively signed and th	re appropriate correction	'	
	The Certificate of Withdrawal	was signed by the incorrect in	ndividual, Marilee Brown.	NI2	ı
	The Certificate of Withdrawal	should have been signed by N	Vicholas J. Johnson		
				7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	OR				
	The electronic transmission o	f the record was defective.			
	Nich	rlas Q. Johnson	12/21/20	023	
	Signature of Author	rized Representative	Date	•	
	re of new registered agent, if a ng the designation).	pplicable :(NOTE; if correc	ting the registered agent, the nev	v registered agent must	sign
i hereby provisio obligati	ons of all statutes relative to the ons of my position as registered a change in the registered offic	gistered agent and agree to o proper and complete perfo d agent as provided for in C	act in this capacity. I further agr ormance of my duties, and I am fo Thapter 605, F.S. Or, if this docu that the limited liability compan	amiliar with and accept ment is being filed to m	ereļv
	· · · · · · · · · · · · · · · · · · ·	Registered Age	nt's Signature		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		