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S. WARREN JAN 25 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 868277 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: October 16, 2017 ORDER TIME : 2:44 PM ORDER NO. : 868277-116 CUSTOMER NO: 7906691 ANNUAL REPORT FILING NAME: IH6 PROPERTY FLORIDA, L.P. XX ANNUAL REPORT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amy S. Zeigler - Ext. 62317

EXAMINER'S INITIALS:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

IH6 Property Florida, L.P.	
Insert name currently on file with Florida Department of State	
B15000000274	
Florida Document Number of Limited Partnership or Limited Liability Limited	Partnership
Pursuant to the provisions of section 620.1207, Florida Statutes, this limite or limited liability limited partnership submits the following statement of c	ed partnership correction.
FIRST: The reason for filing this statement of correction is:	
The record contained false or erroneous information.	
The record was defectively signed.	
SECOND: This statement corrects 2018 Annual Report	
Specify document type being corrected	 d
iled with the Florida Department of State on V11/2018	
Insert date document filed with Dept	of State
THIRD: The false or erroneous information or defect is as follows: Eric Jacobson, Authorized Person, was listed as the signor and should not have been.	
	
FOURTH: The false or erroncous information or defect is corrected as follows: Solls, Authorized Person, should be listed as the signor.	lows:
	· <u>·</u> -
	•

Signature of a general partner*: (*Note: If adding or lieleting un election to be a limite, partners must sign if adding additional general partners.	d liability limited partnership statement, all general er(s), the new general partner(s) must signj.
Arthurized Person	
Signature(s) of <u>new</u> general partner(s), if any:	
Signature of new registered agent, if applicable :(NC registered agent must sign accepting the designation	
I hereby accept the appointment as registered agent of to comply with the provisions of all statutes relative to duties, and I am familiar with and accept the obligati	o the proper and complete performance of my
Signature of Registe	cred Agent

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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