AID OCO CCC 329

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ament Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	1

Office Use Only



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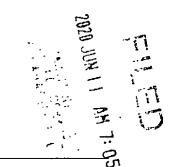


JUL 01 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of C					
SUBJECT: CORUS	LTD.				
Na	me of Florida Limited Par	tnership or Limited I	Liability	Limited Partnership	
The enclosed Certific	cate of Amendment ar	nd fee(s) are subn	nitted f	or filing.	
Please return all corr	espondence concernir	ng this matter to:			
KEVIN I. SCHWARTZ,	ESQ.		_		
	Contact Person		_		
KEVIN I. SCHWARTZ,	P.A.		_		
	Firm/Company				
300 SE 17th STREET			_		
	Address				
FORT LAUDERDALE,	FLORIDA 33316				
	City, State and Zip Code		-		
KEVIN@KISLAWPA.	СОМ				
E-mail address: (to	be used for future annual	report notification)	_		
For further informati	on concerning this ma	atter, please call:			
KEVIN I. SCHWARTZ,	ESQ.	at (⁹⁵⁴	525-00	050	
		_ \	Area Code and Daytime Telephone Number		
Enclosed is a check t	or the following amou	unt:			
■ S52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section		Street .			
Division of Corporations		•	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 3231	4			roe Street, Suite 810	
		i ailaha	issee, F	FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



CORUS LTD.

Insert name currently on file with Florida Department of State

fisert name curre	inity on 1	ne with Florida Departif	ient of State ,	
Pursuant to the provisions of section 620. limited liability limited partnership, whose 01/24/2014, assign adopts the following certificate of amend	se certif gned Flo	icate was filed with orida document num	the Florida Department of State on ber A100000000329	
adopts the following certificate of amend	incii to	its certificate of fini	inted partnership.	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name here:	of the	limited partnership o	or limited liability limited partnership	
New name must be o	listinguis	shable and contain an acc	peptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				
B. If amending mailing address and/or principal office address here:	r princ	ipal office address,	enter new mailing address and/or	
New Principal Office Addr	ess.	45 ST. CLAIR AVEN	NUE WEST	
(Must be STREET address)		TORONTO, ONTAR		
		CANADA MV4 1K9		
New Mailing Address:		45 ST. CLAIR AVEN	NUE WEST	
(May be post office box)		TORONTO, ONTARIO		
		CANADA M4V IK9		
C. If amending the registered agent and/or registered agent and/or the new registered			our records, <u>enter the name of the new</u>	
Name of New Registered Agent:	KEVI	N I. SCHWARTZ, ESQ		
New Registered Office Address:	300 SI	E 17th Street		
	Enter Florida street address			
	FORT	LAUDERDALE	, Florida <u>33316</u>	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

		1 L	
		If Changing Registered Age	nt, Signature of New Registered
	the general partner(s), <u>e</u> ed from our records:	nter the name and business addre	ess of each general partn
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			
			
			
			CHROVE
			☐ Add ☐ Remove
			□ Add □ Remove
	ed partnership or limited ship" status, enter chang	d liability limited partnership is ge here:	amending its "limited
'hie Limi	itad Partnarchin haraby al	ects to be a "Limited Liability Lim	ited Partnership "

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation, ente	er change(s)	here: (Attaci	h additional she	ets, if necessary.)
				· · · · · · · · · · · · · · · · · · ·	
Effective data if other than the de-	to of films				
Effective date, if other than the da (Effective date cannot be prior to nor mo			te this documen	t is filed by the F	lorida Department of
State.) Note: If the date inserted in this block do be listed as the document's effective date				equirements, this	date will not
S:	11				
Signature(s) of a general partner	r or all gene	ral partne	rs*:		
(*NOTE: Only one current general partire removing a "limited liability limited partire when adding or removing a "limited liability limited liability limite	nership" electio	on statement.	Chapter 620, I	S., requires all	
CORUS LIMITED PARTNERSHIP					
BY KEVIN SCHWARTZ, ITS AUTHORIZ	ZED				<u>.</u>
REPRESENTATIVE					 .
				. <u>.</u> .	
Signature(s) of all new or dissoci	iatino oener	al nartner	(s) if any		
The state of the s	acing gener	ar partifici	(3), 11 411 4		
-					
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				