

3/19/2021

Division of Corporations

H21000119443

**A1800000231**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
CHASE HERITAGE PARTNERS LP**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$105.00 |

MAR 22 2021

M. SOLOMON

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chase Heritage Partners LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alice Roweliffe  
 \_\_\_\_\_  
 Contact Person  
 Chandler Residential, Inc.  
 \_\_\_\_\_  
 Firm/Company  
 11719-B Jefferson Avenue, Suite 103  
 \_\_\_\_\_  
 Address  
 Newport News, VA 23606  
 \_\_\_\_\_  
 City, State and Zip Code  
 aroweliffe@chanres.com  
 \_\_\_\_\_  
 E-mail address. (to be used for future annual report notification)

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 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Alice Roweliffe \_\_\_\_\_ at ( 757 ) 873-4225  
 Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P. O. Box 6327  
 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Chase Heritage Partners LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on June 6, 2018, assigned Florida document number A18000000231 adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

Chandler Real Estate Partners XVI LP

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address: (Must be STREET address)

Three horizontal lines for entering the principal office address.

New Mailing Address: (May be post office box)

Three horizontal lines for entering the mailing address.

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C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and state.

City

Florida

Zip Code

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**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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

| <u>Title</u> | <u>Name</u>           | <u>Address</u>                            | <u>Type of Action</u>  |
|--------------|-----------------------|---|--|
| _____        | Chase Heritage GP LLC | 354 NE 5th Street<br>Boca Raton, FL 33432 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | CREP XVI GP LLC       | 354 NE 5th Street<br>Boca Raton, FL 33432 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____                 | _____                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                 | _____                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                 | _____                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                 | _____                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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 TALLAHASSEE, FLORIDA

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

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F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Chase Henke GP LLC  
By: Paul C. Jett, Manager

Three horizontal lines for additional signatures.

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CORPORATION DIVISION

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**Signature(s) of all new or dissociating general partner(s), if any:**

Chase Henke GP LLC  
By: Paul C. Jett, Manager

CREP XVI GP LLC  
By: Paul C. Jett, Manager

One horizontal line for additional signatures.

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