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10099 Kiverside Dr., Ste	
Dublin 04 43017	
City/State/Zip Phone #	
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CORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if known):
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NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal
□ Other	Merger H 2009
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
1 10010000 1	Reinstatement
	Trademark
	Other
	Examiner's Initials

CR2E031(7/97)



6099 Riverside Dr. • Dublin, OH 43017 • Phone 614-889-6600 • FAX 614-889-9570

April 18, 2001

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Certificate of Amendment to Application for Registration Vaughan-Hitsman Limited Partnership III

Enclosed is the aforementioned document for the Vaughan Hitsman Limited Partnership III to be filed with your office. I have also enclosed a check (check number 1319) in the amount of \$105.00 (\$52.50 filing fee plus \$52.50 for a certified copy of the amendment)?

Please forward the certified copy of the amendment to:

Attn: Brenda D. Kerber Vaughan Group, Ltd. 6099 Riverside Drive, Suite 200 Dublin, Ohio 43017 614.889.6600 extension 106

Thank you for your assistance.

Very truly yours,

VAUGHAN GROUP, LTD.

Brenda D. Kerber

Deputy Director Finance

Cc: file

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CERTIFICATE OF AMENDMENT TO APPLICATION FOR REGISTRATION OF

VAUGHAN-HITSMAN LIMITED PARTNERSHIP III

(Insert name currently on file with Florida Dept. of State) Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application: The registration application is amended as follows: Delete the following General Partner: Roger A. Vaughan 6099 Riverside Dr. Dublin OH DOROTHY A. VAUGHAN (Typed or printed name of General Partner signing above) STATE OF Ohio COUNTY OF ___Franklin 2001 Dorothy A. Vaughan On this $\frac{18}{1}$ day of _ personally appeared before me, X who is personally known to me whose identity I proved on the basis of_

(Notary's Printed Name)

CONSTANCE M. ZIZUNAS NOTARY PUBLIC, STATE OF OHIO MY COMMISSION EXPIRES 04-17-05

My Commission Expires:

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