

A010000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Ferguson gave Perm.
to correct addresses.

~~from 200~~

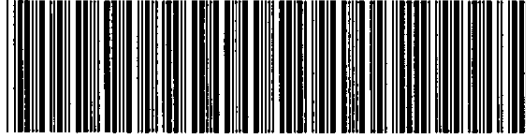
[Signature]

LPN/c -

4/22

Office Use Only

Cynthia



200270660162

03/19/15--01014--025 **52.50

RECEIVED
MAR 19 2015
1:17 PM

15 MAR 19 PM 1:17

FILED

M. MILLIGAN
EXAMINER

APR 22 2015

FERGESON SKIPPER
SHAW KEYSER BARON & TIRABASSI
ATTORNEYS AT LAW

JAMES O. FERGESON, JR., ESQ.
jfergeson@fergesonskipper.com
Board Certified Tax Lawyer

March 16, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

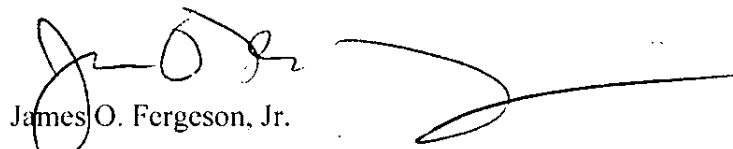
Re: G.F. and Mary Ellen Ward Family Limited Partnership
File No. 13690/27791

Ladies/Gentlemen:

Enclosed is an Amended and Restated Certificate of Limited Partnership of G.F. and Mary Ellen Ward Family Limited Partnership. Also enclosed is our check in the amount of \$52.50 representing the filing fee.

Please contact the undersigned if you have any questions.

Very truly yours,


James O. Fergusson, Jr.

JOF:esh
Encls.

**AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP OF
G. F. AND MARY ELLEN WARD FAMILY LIMITED PARTNERSHIP
a Florida Limited Partnership**

The undersigned general partner, desiring to amend the Certificate of Limited Partnership for the above partnership as filed with the Department of State on February 12, 2001 under Document No. A01000000215, hereby amends and restates the Certificate of Limited Partnership (the "Certificate") in its entirety to provide as follows:

1. The name of the limited liability limited partnership (the "LLLP") is G. F. AND MARY ELLEN WARD FAMILY, LLLP.

2. This limited partnership is a limited liability limited partnership.

3. The address of the office of the LLLP is 2082 Ward's Office Lane, Avon Park, Florida 33825.

4. The name and address of the registered agent for service of process on the LLLP are as follows:

Marcia L. Ward	2082 Ward's Office Lane Avon Park, Florida 33825
----------------	---

5. The name and business address of the general partners of the LLLP are as follows:

Deborah A. Barber	2082 Ward's Office Lane Avon Park, Florida 33825
-------------------	---

Marcia L. Ward	2082 Ward's Office Lane Avon Park, Florida 33825
----------------	---

6. The mailing address of the LLLP is P.O. Box 850, Avon Park, Florida 33826.

7. The effective date of this Amended and Restated Certificate to Certificate of Limited Partnership shall be upon the filing of this Amended and Restated Certificate.

8. The transfer of interests in the LLLP is restricted under the terms of the Amended and Restated Agreement of Limited Partnership of G. F. AND MARY ELLEN WARD FAMILY, LLLP, dated effective February 24, 2015, a copy of which is on file at the LLLP's office.

The execution of this instrument by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

FILED
15 MAR 19 PM 1:47
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, this Amendment to and Restatement of Certificate of Limited Partnership has been executed by the general partners on 24 Feb, 2015.

Harold W. Robinson

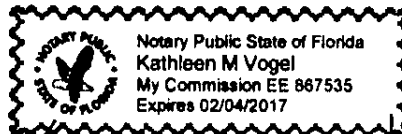
Deborah A. Barber
DEBORAH A. BARBER

Kathleen M. Vogel

STATE OF FLORIDA

COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me on 24 Feb, 2015, by
DEBORAH A. BARBER, who ☒ is personally known to me or who ☐ has produced
_____ as identification.



Kathleen M. Vogel
(Print or stamp name)
Notary Public
My Commission Expires _____
Commission Expiration Date _____

FILED
15 MAR 19 PM 1:47
RECEIVED
MAR 19 2015
HIGHLANDS COUNTY
FLORIDA

James W. Robinson

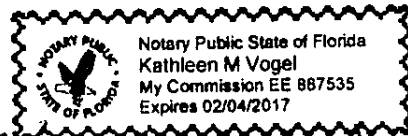
Marcia L. Ward
MARCIA L. WARD

Kathleen M. Vogel

STATE OF FLORIDA

COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me on 24 Feb, 2015, by MARCIA L. WARD, who ☒ is personally known to me or who ☐ has produced _____ as identification.



Kathleen M. Vogel
(Print or stamp name)
Notary Public
My Commission Expires _____
Commission Expiration Date _____

5135989.25822

FILED
15 MAR 19 PM 1:17
RECEIVED
MAR 19 2015
HIGHLANDS, FLORIDA