

A01000000/237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

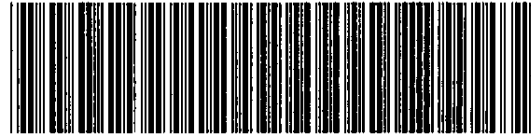
Special Instructions to Filing Officer:

A. LUNT

OCT 11 2010

EXAMINER

Office Use Only



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10/08/10--01024--015 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -8 PM 3:18

FILED



Gretchen M. Nine-Bunnell

Direct Phone: 216.274-2217

Direct Fax: 216.274-2417

E-mail: gmnine-bunnell@hahnlaw.com

October 7, 2010

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301



CELEBRATING
NINETY YEARS

Re: Certificate of Amendment to Certificate of Limited Partnership

Dear Sir/Madam:

Enclosed for filing, please find a Cover Letter and the Certificate of Amendment to Certificate of Limited Partnership for Dellwood Associates, Limited.

I have also enclosed a check in the amount of \$52.50, to cover the filing fee for the requested filing. Please return the Certificate of Acknowledgment to me at your very earliest convenience. If you have any questions, please do not hesitate to call me (collect) at the above telephone number.

Sincerely yours,

Gretchen M. Nine-Bunnell
Paralegal

Enclosures

Disclosure Pursuant to Department of Treasury Circular 230

Unless expressly stated otherwise in this communication, nothing contained in this communication was intended or written to be used by any taxpayer, can be used by any taxpayer or may be relied upon or used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer under provisions of the Internal Revenue Code of 1986, as amended. No one, without our express prior written consent, may use any part of this communication in promoting, marketing or recommending a partnership or other entity, investment plan or arrangement to any taxpayer.

cc: Brad A. Galbraith, Esq. (w/encl.)
Anne B. Thomas, Paralegal (w/encl.)

HAHN LOESER & PARKS LLP attorneys at law

CLEVELAND COLUMBUS AKRON NAPLES FORT MYERS INDIANAPOLIS

200 Public Square, Suite 2800 Cleveland, Ohio 44114-2316 phone 216.621.0150 fax 216.241.2824 hahnlaw.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dellwood Associates, Limited
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Gretchen M. Nine-Bunnell, Paralegal

Contact Person

Hahn Loeser & Parks LLP

Firm/Company

200 Public Square, Suite 2800

Address

Cleveland, Ohio 44114

City, State and Zip Code

gnb@hahnlaw.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gretchen M. Nine-Bunnell

Name of Contact Person

at (216)

274-2217

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**

Dellwood Associates, Limited

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 09/13/2001, assigned Florida document number A01000001237, 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:

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.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)

New Mailing Address:

(May be post office box)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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TALLAHASSEE, FLORIDA

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>
_____	Wealth Protection Network, Inc.	3033 Riviera Drive Suite 202 Naples, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	Wealth Protection Network, LLC	3033 Riviera Drive Suite 202 Naples, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	11.89468	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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)

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

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TALLAHASSEE, FLORIDA

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.)

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.)

Wealth Protection Network, Inc.

By: E. Michael Kilbourn
E. Michael Kilbourn, President

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

Wealth Protection Network, LLC

By: E. Michael Kilbourn
E. Michael Kilbourn, Co-Manager

And By: Martha A. Wintermeyer
Martha A. Wintermeyer, Co-Manager

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