ADICOCOCIUS

(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:			
'AUG 1 6 2012 L. SELLERS			

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation	anc
•	
SUBJECT:	BJASVC Limited Partnership
Name of Flor	ida Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of A	mendment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to:
Brian C	Connolly
Contac	t Person
Connolly	Advisors
Firm/C	ompany
1511 Tarava	ll Street, #204
	lress
	co, CA 94116 and Zip Code
•	•
	nconnolly.net
E-mail address: (to be used for	r future annual report notification)
For further information conce	rming this matter, please call:
Brian Connolly	at (415) 759.1618
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:
	5 Filing Fee and Certified Copy S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
rananassee, i L 32301	



July 11, 2012

BRIAN CONNOLLY 1511 TRAVAL STREET #204 SAN FRANCISCO, CA 94116

SUBJECT: BJASVC LIMITED PARTNERSHIP

Ref. Number: A01000001663

We have received your document for BJASVC LIMITED PARTNERSHIP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 912A00018589

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	imited Partnersh		
Insert name currently on	i file with Florida Departr	nent of State	
suant to the provisions of section 620.1202, ited liability limited partnership, whose cert 12/20/2001, assigned I pts the following certificate of amendment	iificate was filed with Ilorida document nun	the Florida Department of Saber A01000001663	tate on
amendment is submitted to amend the followin	g:		
If amending name, <u>enter the new name of th</u> <u>e</u> :	-	or limited liability limited par	rtnershi
New name must be distingt	nishable and contain an ac	cceptable suffix.	
eptable Limited Partnership suffixes: Limited Partne eptable Limited Liability Limited Partnership suffixe			
If amending mailing address and/or principal office address here:	icipal office address,	, <u>enter new mailing addres</u>	s and/o
New Principal Office Address: (Must be STREET address)			
New Mailing Address: (May be post office box)			
If amending the registered agent and/or reg		on our records, enter the naj	me of tl
registered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	City	, Florida	
		SECRE	12 AUG
	Page 1 of 3	TARY O	ţ-
		FL	PE C

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

E.

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
ade	ed or removed from our records:

Culchie Corp. San Francisco, CA 94116 Add Remove Add	,	<u>Title</u>	Name	Address	Type of Action
			Culchie Corp.	1511 Taraval Street #204 San Francisco, CA 94116	- Add Desployer
Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Remove Add Remove Remove Remove Remove Add Remove Remove Add Remove Remove Add Remove Add Remove Remove Add					
Add Add Remove Remove Remove Add Remove Remove Remove Remove Add Remove Rem					
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.					- ==
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.					
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.					
		ed partnership	p" status, enter change here: Partnership hereby elects to be	a "Limited Liability Limited Po	artnership."
	TOM				•

F. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	of filing:	late this document is filed by the Florida Department of
Signature(s) of a general partner o	or all general partn	<u>iers*:</u>
	rship" election statemen	document unless the limited partnership is adding or t. Chapter 620, F.S., requires all general partners to sign lection statement.)
fatrick bonnol	ly_	
Signature(s) of all new or dissociat	 ting general partne	er(s), if any:
Brien Connolly	- President	Culchia Cxp (Dissolvec!
•	\$52.50 \$52.50 \$8.75	