A0200001065

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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12/29/11--01001--019 **61.25

NOT THE PARTY OF FILHIS

NE UE 1 VE DECENTION OF STATE

FFFFGTIVE DATE 12 29 2011





CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

E & P Hendricks Limi	ted Partnershi	ip	EFFECTIVE DATE 12/29/20			
			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Y Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search			
Signature		-	Fictitious Owner Search Vehicle Search			
			Driving Record			
Requested by: Seth	12/28/11		UCC 1 or 3 File			
Name	Date	Time	UCC 11 Search			
		\ -	UCC 11 Retrieval			
Walk-In	Will Pick Up		Courier			

COVER LETTER

COVER LETTER COVER LETTER To: Registration Section Division of Corporations	
DAIE 12/24/2011 0/25	
COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: E & P Hendricks Limited Partnership	
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:	
-	
Diane L. Strickland	
Contact Person	
The Keane Law Firm	
Firm/Company	
1000 SE Monterey Commons Blvd., Suite 202	
Address	
Stuart, FL 34996	
City, State and Zip Code	
dlstrickland@keaneattorneys.com	
R-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Diane L. Strickland at (772) 288-0000 Name of Contact Person Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$52.50 Filing Fee \$\sum \\$61.25 Filing Fee and Certificate of and Certified Copy \$113.75 Filing Fee, Certified Copy, and	
Status 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 32314	

Tallahassee, FL 32301

EFFECTIVE DATE 12 29 2011

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Ε	&	P	Hend	icks	Lim	ited	Part	nersh	ip
Insen	กม	me	currently	on file	with	Florida	Depar	tment of	State

Pursuant to the provisions of section 62 limited liability limited partnership, wh	ose certificate was	filed with th	e Florida De	partment of State on
08/05/2002, as adopts the following certificate of amer	signed Florida docu idment to its certifi	ament numbe cate of limit	er <u>A0.</u> ed partnershi	2000001065 p.
This amendment is submitted to amend the	following:		ŕ	
A. If amending name, enter the new nathere:	ne of the limited pa	rtnership or	<u>limíted liabil</u> í	ty limited partnership
New name must be	distinguishable and co	ontain an accer	otable suffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh	d Partnership, Limitea ip suffixes: Limited Lia	L.P., LP, or i bility Limited :	I.td. Partnership, L.)	L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or principal office	address, <u>e</u> n	iter new mai	lling address and/or
New Principal Office Add (Must be STREET address)	lress:			
New Mailing Address: (May be post office hox)				
C. If amending the registered agent and new registered agent and/or the new regis	or registered office ered office address	address on here:	our records, ;	onter the name of the
Name of New Registered Agent:	Patricia D. Her	ndricks		
New Registered Office Address:	1704 NW Shor		street address	
	Stua City	art	, Florida 71	34994

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.

<u>Title</u>	Name 802000079	70 ² Address	Type of Action
	E & P Hendricks, Inc.	1704 NW Shore Terrace Stuart, FL 34994	Add Remove
	Edward W. Hendricks	1704 NW Shore Terrace Stuart FL 34994	Add Remove
	Patricia D. Hendricks	1704 NW Shore Terrace Stuart, FL 34994	Add Remove
			_ Add _ Remove
			☐ Add ☐ Remove
			Add Remove
			Remove

r. 11 smending any other information, enter tha	ange(s) here: (Attach additional sheets, if necessary.)
·	
Effective dule, if other than the date of filing:	December 29, 2011 the date this document is filed by the Plorida Department of
Signature(s) of a general partner or all gene	artners*:
*NOTE: Only one current general partner is required to sign emoving a "limited liability limited partnership" election state then adding or removing a "limited liability limited partnership."	oment. Chapter 620, F.S., requires all general partners to sign
Etricia DA Jendricki	
ignature(s) of all new or dissociating general par	rtner(s), if any:
Africa D. Hendricke, Dire	ctor of Ed P Handricks Inc.
tricia D. Hendricks, Pers	onal representative of Estate
Tiling Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	