

A03 000000759

(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:

Office Use Only

G. MCLEOD
JAN 14 2011
EXAMINER



100190055361

01/07/11--01021--016 **52.50

FILED
11 JAN 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
SCRUGGS & CARMICHAEL, P.A.

James G. Larche, Jr.
Stan Cushman†
Frank P. Saier
Philip A. DeLaney
Charles W. Littell
John G. Stinson
Kevin Daly
Raymond M. Ivey
Jeffrey R. Dollinger
Jefferson M. Braswell
Kevin D. Jurecko
Kirstin J. Stinson
Elizabeth A. Martin
Virginia E. Griffiths
Jesse Caedington

†Certified Civil Mediator
OF COUNSEL:
Denise J. Eisinger
Eisinger, Brown, Lewis &
Frankel, P.A.

Downtown Office:
One S.E. First Avenue 32601
Post Office Box 23109 32602
Gainesville, Florida
Telephone (352) 376-5242
Fax (352) 375-0690

West Office - Metrocorp Center:
4041 N.W. 37th Place, Suite B
Gainesville, Florida 32606
Telephone (352) 374-4120
Fax (352) 378-9326

☐ Reply to Downtown Office
☒ Reply to West Office

Sigsbee L. Scruggs
1898-1983
Parks M. Carmichael
1909-1994
William D. Pridgeon
1933-1980
Michelle Vaughns
1946-1982
William N. Long
1920-2003

Retired
Ray D. Helping
William C. Andrews
John F. Roscow, III
Mitzi Cockrell Austin

January 5, 2011

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Ewing Waterproofing Systems Inclusive, Ltd.

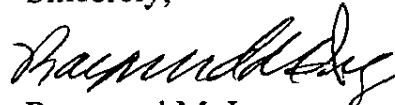
Dear Sir or Madam:

I am transmitting herewith the following:

1. Cover Letter;
2. Certificate of Amendment to Certificate of Limited Partnership;
and
3. check for \$52.50.

If you have any questions, please advise.

Sincerely,


Raymond M. Ivey

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ewing Waterproofing Systems Inclusive, Ltd.
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:

Irwin Hall
Contact Person

Firm/Company

1313 NW 4th Place
Address

Gainesville, FL 32603
City, State and Zip Code

dochall1313@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irwin Hall at (352) 372-4353
Name of Contact Person 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**

Ewing Waterproofing Systems Inclusive, Ltd.

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 May 15, 2003, assigned Florida document number A03000000759, 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:

Ewing, Ltd.

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 LLLP.

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)

FILED
11 JAN 13 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
_____	_____	_____	<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

_____	_____	_____	<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.)*

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.)



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

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