## A03370

| (Requestor's Name)      |                    |           |
|-------------------------|--------------------|-----------|
| (Address)               |                    |           |
| (Address)               |                    |           |
| (Cit                    | ty/State/Zip/Phone | ÷#)       |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

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SEULINITY OF STATE

B. BOSTICK
APR 1 9 2012
EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |              |
|--|--|--|--------------|
| SUBJECT: 441 Industrial  | PARY, Ltd. Partnership or Limited Liability                  | ty Limited Partnership   |              |
| The enclosed Certificate of Amendment  | and fee(s) are submitted                                     | for filing.  |              |
| Please return all correspondence concern   | ning this matter to:   |  |              |
| CAREN J. Hewitt Contact Person   | <u></u>  |  |              |
| Firm/Company 1411 Edgewher DR.  Address  Orlando, Pl. 3280°  City, State and Zip Code  City Code  Code | Sle 101  |  |              |
| Orlando, Pl. 3280°   | 4  | TAI  | <u></u>      |
| City, State and Zip Code  City, State and Zip Code  City, State and Zip Code  E-mail address: (to be used for future annu  | al report notification)                                      | EL MASSEE  | 2 APR 10 F   |
| For further information concerning this r  | matter, please call:   | , FLC  | P (          |
| CAREN J. Hewitt  Name of Contact Person  | at ( <u>407</u> )<br>Area Code and Day                       | 3/8-737  | :<br>သ<br>_6 |
| Enclosed is a check for the following am   | ount:  |  |              |
| \$52.50 Filing Fee and Certificate of Status   | \$105.00 Filing Fee and Certified Copy                       | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |              |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  | MAILING Registration Division of 0 P. O. Box 63 Tallahassee, | Section<br>Corporations<br>327                                       |              |

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| - 791 Industr  |                      | PARC, Ltd  |
|--|----------------------|--|
| Insert name curren   | tly on file          | e with Florida Department of State   |
| limited liability limited partnership, whose   | certific<br>ned Flor | lorida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on rida document number |
|  |                      | ns certificate of finited partnership.   |
| This amendment is submitted to amend the follo   | owing:               |  |
| <del>-</del>   | of the li            | <u>imited partnership or limited liability limited partnership</u>   |
| <u>here</u> :  |                      |  |
| New name must be dis   | stinguisha           | able and contain an acceptable suffix.   |
| Acceptable Limited Partnership suffixes: Limited P<br>Acceptable Limited Liability Limited Partnership s |                      | nip, Limited, L.P., LP, or Ltd.<br>Limited Liability Limited Partnership, L.L.L.P. or LLLP.                                      |
| B. If amending mailing address and/or principal office address here:                                     | princip              | pal office address, enter new mailing address and/or   |
| New Principal Office Address (Must be STREET address)  | <u>ss:</u>           | 12 AFR   |
| New Mailing Address: (May be post office box)  |                      | SET CO   |
|  |                      | URID,  |
| C. If amending the registered agent and/or new registered agent and/or the new register                  |                      | ered office address on our records, enter the name of the  |
| Name of New Registered Agent:  | CM                   | REN J. Hewitt  |
| New Registered Office Address:   | 141                  | REN J. Hewitt  11 Edgewher Drive Ste 101  Enter Florida street address'  1 Ando, Florida Fl 32804                                |
|  | 0                    | rlando Florida Fl 32804  |
|  |                      | 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
CAREN J. HEWH

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>                             | Address  | Type of Action |
|--------------|---|--|----------------|
| GP           | Robert N. Hewitt<br>(deceased 9/17/201) | 1411 Edgerator DR<br>Ste 101<br>Orlando, Pl. 32804 | Add Remove     |
|              |   |  | Add Remove     |
| <u>GP</u>    | CAREN J. Hewill                         | 1411 Edgewaler DR<br>Ste 101<br>Orlando, F1 32804  | Add A          |
| <del></del>  | ·                                       |  | SSEE OF Add PH |
|              |   |  | Add 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 c                       | hange(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 af State.) | er the date this document is filed by the Florida Department of  |
|   |  |
| Signature(s) of a general partner or all general                    | partners*:   |
|   | ign this document unless the limited partnership is adding or tatement. Chapter 620, F.S., requires all general partners to sign rship" election statement.) |
| Clemy Heurt   |  |
| CAREN J. Hewith, Personal L. Robert W. Howith, deceased             | lepresentative, Estate of  |
|   |  |
|   |  |
| Signature(s) of all new or dissociating general                     | partner(s), if any:  |
| Penens Someth   |  |
| CAREN J. Howitt   |  |
|   |  |
|   |  |
| Filing Fee: \$52.50<br>Certified Copy (optional): \$52.50           |  |
| Certificate of Status (optional): \$8.75                            |  |