

# A05000000098

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000236679 3)))



H120002366793ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FANELLI LAW FIRM, PA  
Account Number : I20120000059  
Phone : (813)384-4841  
Fax Number : (813)749-9475

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 SEP 27 AM 8:43

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Sandysembler@yahoo.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
CSC PROVISION FUND, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

C. LEWIS

SEP 28 2012

EXAMINER

RECEIVED  
12 SEP 27 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

2012 SEP 27 AM 8:43

CSC PROVISION FUND, 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 JANUARY 10, 2005, assigned Florida document number A05000000098, 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 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)

360 Gulf Boulevard  
Belleair Shore, FL 33786

New Mailing Address:  
(May be post office box)

360 Gulf Boulevard  
Belleair Shore, FL 33786

**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:

Sandra C. Sembler

New Registered Office Address:

360 Gulf Boulevard

*Enter Florida street address*

Belleair Shore, Florida 33786  
*City Zip Code*

H120002366793

P.003  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

2012 SEP 27 AM 8:43

**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  
 Sandra C. Sembler

**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>
GP	Master Control, Inc.	5300 W. Cypress St. Suite 200 Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Sandra C. Sembler	360 Gulf Boulevard Belleair Shore, FL 33786	<input checked="" 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.)

H120002366793

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2012 SEP 27 AM 8:43

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.)

Master Control, Inc.  
By:   
M. Steven Sembler, President

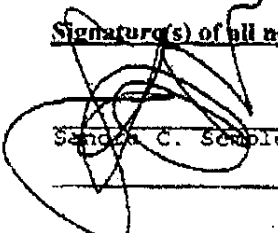
---

---

---

---

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

  
Sandra C. Sempler

---

---

---

---

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