Division of Corporations

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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.

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, I

Account Number : I20030000134

Phone

: (813)314-4500 Fax Number : (813)314-4555

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

Email	Address:	1		

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

RENAISSANCE PRESERVE I, LLLP

Certificate of Status	- O
Certified Copy	0
Page Count	04
Estimated Charge	\$52,50

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MAY 0 5 2017

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COVER LETTER

	•				
TO: Registration Section					
Division of Corporations					
SUBJECT: RENAISSANCE PRES	SERVE I, LLLP				
Name of Florida Limited Partnership or Limit	ed Liability Limited Partnership				
The enclosed Certificate of Amendment and fec(s) are s	ubmitted for filing.				
Please return all correspondence concerning this matter	eo:				
KARI POWER	<u>. </u>				
Contact Person					
SAXON GILMORE & CARRAWAY, P.A.					
Firm/Company					
201 E. KENNEDY BLVD., SUITE 600					
Address	- -				
TAMPA, FL 33602					
City, State and Zip Code	·				
FLCORP@SAXONGILMORE.COM					
E-mail address: (to be used for future annual report notification	<u>n)</u>				
For further information concerning this matter, please ca	Jl:				
KARI POWERat (813	314-4500				
	e and Daytime Telephone Number				
Enclosed is a check for the following amount:					
\$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Fi and Certificate of Status					
	ILING ADDRESS:				
	Registration Section				
	Division of Corporations				
= ······	P. O. Box 6327 Tallahassee, FL 32314				
Taliahassee, FL 32301					

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RENAISSANC	E PRESERVE I, LLLP
	file with Florida Department of State
limited liability limited partnership, whose certi	4 ¹ , A.,
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
New name must be distingui	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	ship, Limited, L.P., LP, or Ltd. :: Limited Ltability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	cipal office address, enter new malling address and/or
New Principal Office Address: (Must be STREET address)	4224 Renaissance Preserve Way Fort Myers, FL 33916
New Mailing Address: (May be post office box)	4224 Renaissance Preserve Way Fort Myers, FL 33916
C. If amending the registered agent and/or registered off new registered agent and/or the new registered off	stered office address on our records, enter the name of the fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	,
	, Florida

•May.	4	201	7-19	02PM
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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>Ti</u>	<u>tle</u>	Name	Address	Type of Action
G	P	Norstar Renaissance Preserve Senior, Inc.	200 South Division Street Buffalo, New York 14204	Add Remove
			45	Add Remove
				Add 9
	.			Add Remove
_	·			Add Remove
_				Add Remove
limited	partnership	p" status, enter change here:	/ limited partnership is amen	
L L	rnis Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	irineramp."

(NOTE: If adding or removing nimited liability limited partnership "status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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	inter Notes
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	,
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this d State.)	ocument is filed by the Florida Department of
	•
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this documen removing a "limited liability limited partnership" election statement. Chapte when adding or removing a "limited liability limited partnership" election statement. Renaissance Preserve I, LLC By: bousing Authority of the City of fort Myers When the Comment of the City of fort Myers When the Comment of the City of fort Myers Only the City of fort Myers	atement.)
	•
Signature(s) of all new or dissociating general partner(s), if. Norstar Renaissants Translar Schlor, Inc.	any:
Richard Higgins, Vice President	
At:	
Filing Fee: \$52.50	