

**AD0000001453**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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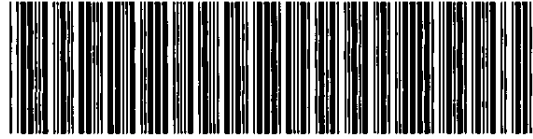
(Business Entity Name)

(Document Number)

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09/12/12--01003--028 \*\*52.50

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TALLAHASSEE, FLORIDA

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**D. BRUCE**  
SEP 13 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEON F MCKINNON FAMILY 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:

GARY MCKINNON  
Contact Person

---

Firm/Company

---

210 AZALEA CIRCLE  
Address

---

PALATKA, FLORIDA 32177  
City, State and Zip Code

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

For further information concerning this matter, please call:

GARY MCKINNON at (386) 328-5008  
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

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

**LEON F MCKINNON FAMILY LIMITED PARTNERSHIP**

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 DECEMBER 12, 2006, assigned Florida document number A06000001453, 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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

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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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>GARY MCKINNON</u>	<u>210 AZALEA CIRCLE</u> <u>PALATKA, FLORIDA</u> <u>32177</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>BARBARA SCHOLL</u>	<u>P.O. BOX 1223</u> <u>PALATKA, FLORIDA</u> <u>32177</u>	<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

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**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.)

Leon J. McKinnon

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Gay J. McKay  
Barbara N. Schulz

\_\_\_\_\_  
\_\_\_\_\_

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

**DURABLE POWER OF ATTORNEY  
AND DESIGNATION OF HEALTH CARE SURROGATE  
UNDER SECTIONS 709.08 AND 765, FLORIDA STATUTES**

**KNOW ALL MEN BY THESE PRESENTS**

THAT I, LEON F. McKINNON, of 702 North Lake Street, Crescent City, Florida 32112, referred to herein as PRINCIPAL, designate BARBARA M. SCHOLL, (hereinafter called "DAUGHTER") whose mailing address is 102 South Main Street, Crescent City, Florida 32112 and GARY F. McKINNON, (hereinafter called "SON") whose mailing address is 210 Azalea Circle, Palatka, Florida 32177, to act as my attorneys-in-fact and agents. It is my intent that exercising the powers herein will require both signatures of my attorneys-in-fact and agents. In the event one of my attorneys-in-fact appointed herein should die, then in such event, the surviving attorney-in-fact shall have the power to act alone.

1. General Grant of Power. I hereby grant to my daughter and my son, both of them, full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I hold a general, limited or special power of appointment; choses in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me. Except as otherwise limited by applicable law, or by this durable power of attorney, my daughter and my son, both of them, have full power and authority to perform, without prior court approval, everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, and even though my attorneys-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters. I hereby ratify and confirm that my daughter and my son, both of them, shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

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a. To forgive, request, demand, sue for, recover, collect, receive, hold all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pensions, profit sharing, retirement, social security, insurance and other contractual benefits and proceeds, all intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by me, or due, owing, payable or belonging to me or in which I have or may hereafter acquire an interest.

b. To have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery of any property now or hereafter owned by me, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same.

c. To acquire, purchase, invest, reinvest, exchange, grant options to sell, and sell and convey personal property, tangible or intangible, or interests therein, for such price and on such terms and conditions as my daughter and my son, both of them, shall deem proper including, without limitation, stocks, bonds, warrants, debentures, commodities, precious metals, futures, currencies, and in domestic and foreign markets or investment funds, including common trust funds.

d. To execute stock powers or similar documents and to delegate to a transfer agent or similar person the authority to register any stocks, bonds, or other securities either into or out of my name or nominee's name.

e. To redeem bonds issued by the United States Government or any of its agencies or any other bonds; and to purchase bonds issued by the United States Government that can be redeemed at par in payment of federal estate taxes.

f. To acquire, purchase, exchange, grant options to sell, and sell and convey any and all of my real estate, lands, tenements, leases, leaseholds or other property partaking of the nature of real estate or any part or parcel thereof, which I now own or may hereafter acquire, or interests therein, including my homestead real property, at public or private sale, for such price and on such terms and conditions as my daughter and my son, both of them, shall deem proper; to execute any and all documents necessary to effectuate same including, but not limited to, contracts, deeds, affidavits, bills of sale, assignments and closing statements; provided, however, that if I am married, my agent may not convey or dispose of my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my

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spouse or I may appoint the ~~other as attorney~~-in-fact and agent.

g. To maintain, ~~repair, improve,~~ invest, manage, partition, insure, rent, lease, encumber, and in any ~~manner deal with~~ any real or personal property, tangible or intangible, or any interest ~~therein~~ that I now own or may hereafter acquire, in my name and for my benefit, upon ~~such terms and conditions~~ as my daughter and my son, both of them, shall deem proper, ~~and to execute~~, acknowledge and deliver all instruments necessary to effectuate ~~the foregoing~~.

h. To open ~~and maintain~~ savings, checking, money market and other accounts in my name or otherwise ~~in any bank~~ or financial institution or with any insurance or brokerage firm; to ~~make, receive~~ and endorse checks, drafts, or other commercial or mercantile instruments, ~~deposit~~ and withdraw funds, specifically including withdrawals from any savings ~~account or savings and loan deposits~~; to acquire and redeem certificates of deposit and to ~~utilize and manage~~ such accounts; to deal generally in my behalf with any instrument ~~for the payment~~ of money in which I may have an interest; and to execute or release ~~such deeds of trust~~ or other security agreements as may be necessary or proper in the exercise of ~~the rights~~ and powers herein granted.

i. To ~~borrow from~~ time to time such sums of money upon such terms as my daughter ~~and my son~~, both of them, shall deem appropriate for, or in relation to, any of the purposes ~~or objects~~ described herein, upon the security of any of my property whether real or ~~personal~~, or otherwise, and for such purposes to give, execute, deliver and acknowledge mortgages with such powers and provisions as my daughter and my son, both of ~~them~~, may think proper, and also such notes, bonds, or other instruments as may be necessary ~~or proper~~ in connection therewith; provided, however, that if I am married, my agent ~~may not~~ mortgage my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority ~~in a durable power of attorney~~ executed by my joining spouse, and either my spouse or I may appoint the other as attorney-in-fact and agent.

j. To apply for a Certificate of Title upon, and endorse and transfer title thereto for, any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment.

k. To conduct or participate in any lawful business of whatever nature for me and in my name; execute partnership agreements and amendments thereto; incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; enter into voting trusts and other agreements or subscriptions; elect or employ officers,

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directors and agents; carry out the provisions of any agreement for the sale of any business interest or stock therein; and exercise voting rights with respect to stock, either in person or by proxy, and exercise stock options.

l. To make gifts to charitable organizations or to or in trust for my spouse or any descendant of mine in connection with estate, gift, generation-skipping transfer, income or other tax planning for me or to qualify me for any government assistance program, provided that no gift may be made (i) to my spouse, other than for my spouse's health and maintenance, or (ii) to discharge my spouse's legal obligations.

m. To consent to any gift and to utilize any gift-splitting provision or tax election; and to pay gift taxes, but only if in furtherance of my estate plan or of my desire to minimize taxes.

n. To transfer any or all assets of mine to any revocable trust created by me as to which trust I am, during my lifetime, a primary income or principal beneficiary.

o. To withdraw from any trust, whether revocable or irrevocable, in which I have a current beneficial interest, such amounts of the principal or accrued or collected but undistributed income of such trusts as I would be permitted to receive or withdraw, pursuant to any right of receipt or withdrawal contained in such trusts.

p. To make, execute and file any and all declarations, joint or separate returns, waivers, consents, claims and other instruments or forms (including, without limitation, IRS Form 2848 Power of Attorney and Petition of Appeal to the United States Tax Court) relating to federal, state, municipal and other taxes or assessments, including income, transfer, property, excise and other taxes of whatever nature and whether imposed or required by any domestic or by any foreign authority, and in connection with any such taxes or assessments due or claimed or believed to be due from me or in respect of any property or rights which I may own or in which I may have any interest.

q. To represent me before any office of the Internal Revenue Service, state agency, or any other governmental or municipal body or authority of whatever nature, domestic or foreign, and to conduct and transact any case, claim or matter whatsoever in connection therewith; to receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make tax elections.

r. To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my agent to exercise this power.

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s. To exercise any statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; to renounce or disclaim any interest otherwise passing to me by testate or intestate succession or by inter vivos transfer.

t. To employ as investment counsel, custodians, brokers, accountants, appraisers, attorneys at law or other agents, such persons, firms or organizations, including my said agent and any firm of which my said agent may be a member or employee, as deemed necessary or desirable; to pay such persons, firms or organizations such compensation as is deemed reasonable; and to determine whether or not to act upon the advice of any such agent without liability for acting or failing to act thereon.

**2. Health Care Surrogate Provisions.** In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I designate as my Health Care Surrogates for health care decisions, the attorneys-in-fact and agents named herein, BARBARA M. SCHOLL, whose cellular telephone number is (386) 559-0013 and GARY F. McKINNON, whose telephone number is (386) 328-5008. This designation revokes any prior Health Care Surrogate designation which I may have made. This designation is not being made as a condition of treatment or admission to a health care facility. I fully understand that this designation will permit my surrogates to make health care decisions, except for anatomical gifts unless I have executed an anatomical-gift declaration pursuant to law, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

I hereby grant to my Health Care Surrogates full power and authority to do everything necessary in exercising the powers herein granted as fully as I might or could do if I were personally able to make health care treatment decisions on my behalf, and I hereby grant the following specific powers to my Health Care Surrogates, without limiting any other rights and authority:

a. To contract in my name and on my behalf for all health care services, including, without limitation, medical, hospital and nursing care, which, in the opinion of my Health Care Surrogates, I may require.

b. To grant releases to medical personnel.

c. To employ and discharge medical personnel.

*Z F M*

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d. To have access to and to disclose medical records and other personal information of mine.

e. To terminate the services of any health care institution and arrange for my transfer to another health care institution.

f. To act as a party, whether as a plaintiff or a defendant or otherwise, in a court action in the event it is necessary to enforce my rights under this instrument.

g. To expend or withhold funds necessary to carry out my medical treatment.

h. To consent to the performance of an autopsy.

i. My Health Care Surrogates shall specifically be excepted from making those decisions as may be subject to a Living Will which I may have executed; if no such Living Will is found, I delegate to my Health Care Surrogates the authority to consent to any withholding or withdrawing of life-prolonging procedures as may be described in Part III of Chapter 765 of the Florida Statutes, as the same may be amended from time to time.

My Health Care Surrogates shall not be liable or responsible for any costs or expenses of my medical treatment or care except as expressly stated by Statute. I confirm that I will be and remain liable to pay for such health care services provided me at the direction of my Health Care Surrogates and confirm that my Health Care Surrogates shall have no liability to pay for any health care services contracted for on my behalf.

3. Interpretation and Governing Law. This instrument is to be construed and interpreted as a general durable power of attorney as provided for in Florida Statute Section 709.08, and as a Health Care Surrogate as provided for in Florida Statute Section 765. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agents. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions. However, it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

4. Third-Party Reliance. Third parties may rely upon the representations of my agents as to all matters relating to any power granted to my agents in this durable power of attorney, and no person who may act in reliance upon the representations of my agents shall incur any liability to me or to my estate, beneficiaries, or joint owners as a result of permitting my agent to exercise any power prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination,

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or my death. Any third party may rely on a duly executed counterpart of this instrument, or a copy certified by my agent to be a true copy of the original hereof, as fully and completely as if such third party had received the original of this instrument.

5. Disability of Principal. **THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY, EXCEPT AS PROVIDED IN Section 709.08, FLORIDA STATUTES, OR ANY SUCCESSOR PROVISION OF LAW.**

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 21st day of July, 2010.

*Leon F. McKinnon*  
LEON F. MCKINNON

**SEALED AND DELIVERED  
IN THE PRESENCE OF:**

*Will E. Goodman*  
Signature of Witness  
*Will E. Goodman*  
Printed Name of Witness

*Linda C. Rodriguez*  
Signature of Witness  
*Linda C. Rodriguez*  
Printed Name of Witness

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STATE OF FLORIDA  
COUNTY OF PUTNAM

The foregoing Durable Power of Attorney and Designation of Health Care Surrogate was acknowledged before me this 21st day of July 2010, by LEON F. MCKINNON, who is personally known to me.

*Linda Croft Rodriguez*  
Notary Public

Printed Name of Notary Public  
My Commission expires:



LINDA CROFT RODRIGUEZ  
MY COMMISSION # DD 535926  
EXPIRES: August 1, 2010  
Bonded Thru Budget Notary Services