## 1041000010A

(Red	questor's Name)				
(Address)					
(Add	dress)	<u> </u>			
. (City	//State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nam	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				

Office Use Only



200116222122

01/28/08--01040--009 \*\*61.25

08 JAN 29 PH 2: 40

Reject Ethi

G. MCLEOD

JAN 3 0 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations					
SUBJECT: CROSSROADS FLEXXOFFICE 2, 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:					
Linda K. Adler					
(Contact Person)					
Adler Group, Inc.					
(Firm/Company)					
1400 NW 107 Avenue, 5th Floor					
(Address)					
Miami, Florida 33172					
(City, State and Zip Code)					
For further information concerning this matter, please call:					
Linda K. Adler at ( 305 ) 392-4050					
(Name of Contact Person) (Area Code and Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$\times \text{\$\subseteq} \tex					
STREET ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327					
2661 Executive Center Circle Tallahassee, FL 32314					
2001 Executive Center Circle Tallanassee, 12 32511					

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CROSSROADS FLEXXOFFICE 2, LI	D.	•	
(Insert name currently on f	ile with Florida Depa	artment of State)	
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif <a href="December 21">December 21</a> , 2007, adopts the flimited partnership.	icate was filed wi		nt of State of
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the</u> here:	limited partnershi	p or limited liability limit	ed partnersh
(New name must be distinguisl	nable and contain ar	n acceptable suffix.)	
Acceptable Limited Partnership suffixes: Limited Partners			
B. If amending the registered agent and/or regist	ered office addres		
B. If amending the registered agent and/or regist	ered office addres		
B. If amending the registered agent and/or regist	ered office addres		
B. If amending the registered agent and/or regist new registered agent and/or the new registered offi  Name of New Registered Agent:	ered office addres		
B. If amending the registered agent and/or regist new registered agent and/or the new registered offi	ered office addres ce address here:		
B. If amending the registered agent and/or regist new registered agent and/or the new registered offi  Name of New Registered Agent:	ered office addres ce address here: (Enter 1	ss on our records, enter the state of the st	ne name of t
B. If amending the registered agent and/or regist new registered agent and/or the new registered offi  Name of New Registered Agent:	ered office addres ce address here:	ss on our records, enter the	DIVISION OF CORP
	ered office addres ce address here: (Enter i	Florida street address), Florida(Zip Code	ne name of t

(If Changing Registered Agent, Signature of New Registered Agent)

<u>Titl</u>	<u> </u>	Name	Address	Type of Action
<u>GP</u>		Crossroads FO, Inc.	1400 NW 107 Ave 5th Floor	Add Remove
<u>GP</u>	<del></del>	Crossroads FO 2, Inc.	Miami, FL 33172  1400 NW 107 Avenue  5th Floor Miami, FL 33172	Add Remove
				Add Remove
	· ·			Add Remove
	<del></del>			Add Remove
		Add Remove		
nited pa	rtnershi	partnership or limited liability	, -	
		artnership hereby elects to be a	•	
_		artnership hereby removes its "	·	-
OTE: 1)	adding or	removing" limited liability limited po	artnership" status, all general par	tners must sign this amendme
Ifame	iding any	other information, enter change	e(s) here: (Attach additional sh	eets, if necessary.)

· France		
Effective date, if other than the da	ate of filing:	
(Effective date cannot be prior to nor me	ore than 90 days afte	r the date this document is filed by the Florida Department of
State.)	ne mun 20 uuys ujie	The date this document is five by the Florida Dopar men of
Sittle.)		
Signature(s) of a general partne	r or all general	partners*:
(*NOTE: Only one current general part	tner is required to sig	n this document unless the limited partnership is adding or
removing a "limited liability limited part	tnership" election sta	tement. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liab	ility limited partners	ship" election statement.)
<b>\</b>		
Current General Partner:		
CROSSROADS FO, INC.		
		Brott W. Harris
		Executive Vice President
		the state of the s
_		
Signature(s) of all new or dissoc	<u>iating general p</u>	artner(s), if any:
New General Partner:		
CROSSROADS FO 2, INC.		
GRODEFICIED TO E/ THE.		Brett W. Warris
		Executive Vice President
	<del></del>	
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	