

A 07535

Requestor's Name

210 S. Monroe

Address

Tallahassee FL

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Devonshire Associates, Ltd.
(Corporation Name) (Document #)

000002201670--3

-06/04/97--01083--026

2. _____
(Corporation Name) (Document #)

*****52.50 *****52.50

3. _____
(Corporation Name) (Document #)4. _____
(Corporation Name) (Document #)☐ Walk in☐ Pick up time _____☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	AL 61
Availability	
Document Examiner	AL
Updater	AL
Updater Verifier	AL
Acknowledgement	AL
W. P. Verifier	AL

Examiner's Initials

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF
DEVONSHIRE ASSOCIATE LTD.
(A-07535)**

Pursuant to the provisions of Section 620.173, Florida Statutes, this foreign limited Partnership hereby submits this Certificate of Amendment to its registration application:

This registration application is amended as follows:

The Partnership has been amended to change its name to:

DEVONSHIRE INVESTMENT ASSOCIATES, LTD.

H. Lance Forsdick
H. Lance Forsdick, General Partner

STATE OF TENNESSEE

COUNTY OF SHELBY

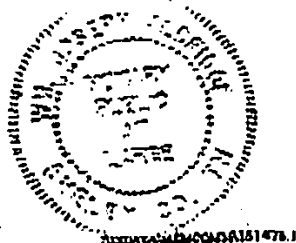
On this 29th day of May, 1997 personally appeared before me,

 A who is personally known to me
whose identity I proved on the basis of _____

W. Joseph Aldridge
(Notary Public Signature)

W. JOSEPH ALDRIDGE
(Notary's Printed Name)

My Commission Expires 3/7/98



FILED