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D. BRUCE
APR 21 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	
•	S2W, LLLP
SUBJECT: Name of Flo	orida Limited Partnership or Limited Liability Limited Partnership
	Amendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to:
	L. Wartner
	act Person
	ell & Russell, LLP
Firm/	Company
1230 Peachtree S	treet, N.E., Suite 3100
A	ddress
Atlanta, G	Georgia 30309
	e and Zip Code Desgriaw.com
lmahan@	Dsgrlaw.com
	for future annual report notification)
For further information conc	cerning this matter, please call:
Laura L. Warti	
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:
	2.25 Filing Fee \$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circl	P. O. Box 6327 le Tallahassee, FL 32314
Tallahassee, FL 32301	i ananassee, FL 52517

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	S2	W, LLLP		
Insert name curre	ntly on f	lle with Florida Departme	nt of State	
Pursuant to the provisions of section 620. limited liability limited partnership, whos November 20, 2009, assig	e certif	icate was filed with th	ie Florida D	epartment of State on
adopts the following certificate of amenda	ment to	its certificate of limit	ed partnersh	nip.
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the	limited partnership or	limited liabi	lity limited partnership
here:				
New name must be d	istinguis	hable and contain an acce	otable suffix.	
		'	•	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	· princi	pal office address, <u>e</u>	nter new m:	ailing address and/or
New Principal Office Addre	rss:	4128 E County Hi	ghway 30-/	A Unit 402
(Must be STREET address)	Andrew Village	Santa Rosa Beac	······	
New Mailing Address: (May be post office hox)		4128 E County Hi Santa Rosa Beac	ghway 30-/ h, Florida 3	A Unit 492 32459777 20
C. If amending the registered agent and/onew registered agent and/or the new registe			our records	, enter the name of the
Name of New Registered Agent:	Laura	a M. Andrew		
New Registered Office Address: 50 North Laura Street, Suite 2600 Enter Florida street address			35	
		Jacksonville	177)t =	32202
	**************************************	City	, Florida _	7in Code

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>	Address	Type of Action	
<u>GP</u>	John Wellborn	79 Green Street Panama City, FL 32413	Add ✓ Remove	
GP	Robin M. Wade	9860 Coleman Road Roswell, GA 30075	Add Remove	
			Add Remove Remove Remove Remove Remove Remove Add Remove Remove Add Remove Add Remove Add Remove Add Remove Add Remove Remove Add Remove Ad	
			Add Remove	
E. If the limited plimited partnershi	partnership or limited liabilit p" status, enter change here:	y limited partnership is amen	ding its "limited liability	
This Limited	Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership."	
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 info	rmation, enter cha	inge(s) here: (Attach additional sheets, if necessary,)
-		
fective date, if other than the da	te of filing:	the date this document is filed by the Florida Department of
ffective date cannot be prior to nor me ite i	ore than 90 days after	the date this document is filed by the Florida Department of
	31	
gnature(s) of a general partne		
NOTE: Only one current general part	ner is required to sign	this document unless the limited partnership is adding or ement. Chapter 620, F.S., requires all general partners to sign
nen adding or removing a "limited liab		
gnature(s) of all new or dissoc	iating ganaral na	orthog(c) if any
/ half	rating general pa	tuers), ir any.
HAMIL into		All tu-
doin M. Wade (New Genera	l Partner)	John Wellborn (Old General Partner)
		A P
		65 × 20

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iling Fee: 'ertified Copy (optional):	\$52.50 \$52.50	TO A TO A
Certificate of Status (optional):	\$8.75	_