

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL (ORLANDO)  
Account Number : I19980000090  
Phone : (407) 839-4200  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
WHEELER FAMILY HOLDINGS, LLLP

Certificate of Status	0
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Page Count	03
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MAR 15 2012

EXAMINER

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

**WHEELER FAMILY HOLDINGS, LLLP**

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 November 4, 2011, assigned Florida document number A11000000802, 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)

9439 Forest City Road  
Suite 1000

Altamonte Springs, FL 32714

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:

Brian J. Wheeler

New Registered Office Address:

9439 Forest City Road, #1000

*Enter Florida street address*

Altamonte Springs, Florida 32714

*City*

*Zip Code*

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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.)



Carol G. Wheeler, successor trustee  
of the Chester Franklin Wheeler Trust  
dated 12/9/10, as amended

\_\_\_\_\_

\_\_\_\_\_

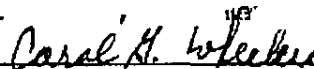
**Signature(s) of all new or dissociating general partner(s), if any:**



Brian James Wheeler, Trustee  
of the Brian James Wheeler Irrevocable  
Trust dated 11/1/11 (newly  
admitted GP)

\_\_\_\_\_

\_\_\_\_\_



Carol G. Wheeler, successor trustee  
of the Chester Franklin Wheeler  
Trust dated 12/9/10, as amended  
(dissociating GP)

\_\_\_\_\_

\_\_\_\_\_

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

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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>
GP	Chester Franklin Wheeler	2686 Tuskawilla Rd	<input type="checkbox"/> Add
	as Trustee of the Chester	Oviedo, FL 32765	<input checked="" type="checkbox"/> Remove
	Franklin Wheeler Trust		
	dated 12/9/10, as amended		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
GP	Brian James Wheeler	9439 Forest City Road	<input checked="" type="checkbox"/> Add
	as Trustee of the	Suite 1000	<input type="checkbox"/> Remove
	Brian James Wheeler	Altamonte Springs, FL	
	Irrevocable Trust dated	32714	
	11/1/11		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**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.)**