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Division of Corporations

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	(((H15000307623 3)))
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T	Division of Corporations
FI	rom: Account Name : LEOPOLD KORN & LEOPOLD, F.A. Account Number : I20010000023 Phone : (786)899-2235 Fax Number : (305)935-9042
annual r	mail address for this business entity to be used for future report mailings. Enter only one email address please.**
LP/LL	LP AMENDMENT/RESTATEMENT/CORRECTION DOLPHIN PLAZA PW LP
	Certificate of Status 0 Certified Copy 0
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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

DOLPHIN PLAZA PW LP

Insert name currently on file with Florida Department of State

A12000000978

Florida Document Number of Limited Parmership of Limited Liability Limited Parmership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is: The record contained false or erroneous information. The record was defectively signed.

SECOND: This statement corrects Certificate of Limited Partnership

Specify document type being corrected filed with the Florida Department of State on December 26, 2012 Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows: In the name of the limited partnership, a comma was omitted between "PW" and "LP".

FOURTH: The false or erroneous information or defect is correc	ted as follows:
The correct name of the limited partnership is: DOLPHIN PLAZA PW, LP	
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Signature of a general partner*:

(Note. If adding on deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

8296952 CANADA INC.

Signature(s) of upy general partner(s), if any:

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

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 on familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

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

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