A130000000080

(Requestor's Name)			
(Address)			
(Add	iress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2014

JOHN C. KLINGERMAN 1338 STATE ROUTE 487 BLOOMSBURG, PA 17815

SUBJECT: QSL FLORIDA HOGS, L.P.

Ref. Number: A1300000080

We have received your document for QSL FLORIDA HOGS, L.P. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 714A00023169

COVER LETTER

Division of Corporations	
SUBJECT: QSL Florida Ho	gs, LP
	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
John C. Klingerman	.a. 2
Contact Person	SECRETARY OF SIMILAR SECRETARY
Naples Restaurants, LP	
Firm/Company	57. 27
1388 State Route 487	- Company of the comp
Address	
Bloomsburg, PA 17815	124
City, State and Zip Code	
amiller@jdkmgt.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this m	natter, please call:
John C. Klingerman	at (570) 784-0111
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee And Certified Copy Certified Copy, and Certificate of Status
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
Tallahassee FL 32301	•

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

QSL Florida Hogs, LP

Insert name currently	on file with Florida Department of State
limited liability limited partnership, whose co	22, Florida Statutes, this Florida limited partnership or ertificate was filed with the Florida Department of State on I Florida document numberA1300000080, at to its certificate of limited partnership.
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of here:	the limited partnership or limited liability limited partnership
Naples Restaurants, LP	
New name must be distin	nguishable and contain an acceptable suffix.
B. If amending mailing address and/or pr principal office address here:	ixes: Limited Liability Limited Partnership, L.L.P. or LLI.P. incipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	N/A
C. If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address on our records, <u>enter the name of the office address here</u> :
Name of New Registered Agent:	N/A
New Registered Office Address:	17425 Bridge Hill Court, Suite 202 Enter Florida street address

City

, Florida

Zip Code

Tampa

comply	with the pro	appointment as registered agent visions of all statutes relative to d accept the obligations of my po	the proper and complete perf	city. I further agree to formance of my duties, and I
			N/A	ON Page 1
			If Changing Registered Agent, Sign	nature of New Kegistered Agent
		e general partner(s), <u>enter the na</u> rom our records:	ame and business address of	each general partner being
<u>Ti</u>	<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		QSL Fort Myers, Inc.	1388 State Route 487 Bloomsburg, PA 17815	Add XRemove
		Fort Myers Restaurant, Inc. P13-14790	1388 State Route 487 Bloomsburg, PA 17815	Add Remove
_				Add Remove
_				Add Remove
_				Add Remove
_	<u>.</u>			Add Remove
limited	partnershi	partnership or limited liability p" status, enter change here: Partnership hereby elects to be		Partnership."

(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 change(s) here: (A	Attach additional sheets, if necessary.)
FYI The current General Parts	ner (QSL Fort Myers, Inc.) of	this Limited Partnership has
changed its name to Fort	Myers Restaurant, Inc.	
Effective date, if other than the dat (Effective date cannot be prior to nor mon State.)	te of filing: re than 90 days after the date this doo	cument is filed by the Florida Department of
Signature(s) of a general partner	r or all general partners*:	
(*NOTE: Only one current general partn removing a "limited liability limited partn when adding or removing a "limited liabi	nership" election statement. Chapter	620, F.S., requires all general partners to sign
John D. Klingerman, President of Partner of	QSL Fort Myers, Inc. (and Form f QSL Florida Hogs, LP (and Nap	t Myers Restaurant, Inc.) the General Dies Restaurants, LP)
Signature(s) of all new or dissoci	ating general partner(s), if an	1Y :
John D. Klingerman, President of (Partner of	QSL Fort Myers, Inc. (and Fort QSL Florida Hogs, LP (and Nap	Myers Restaurant, Inc.) the General les Restaurants, LP)
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	2014-QCT-27 STEAR TARK FALL AHASS