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SEURETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R	loyal Oaks, LP
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Bonnie Chafin	
Contact Person	
RHA	
Firm/Company	
1819 Peachtree Road, NE, Su	ite 450
Address	
Atlanta CA 30300	
Atlanta, GA 30309 City, State and Zip Code	
•	
bchafin@rhanet.org E-mail address: (to be used for future annual r	enort notification)
E-man address. (to be used for future annual r	eport normeation)
For further information concerning this ma	tter, please call:
Bonnie Chafin	at (404) 968-2660
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$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	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	•



CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Roya	al Oaks, LP			
Insert name cu		ile with Florida De	epartment of State		
Pursuant to the provisions of section 62 limited liability limited partnership, who 09/10/2013, as adopts the following certificate of americans	ose certif signed Fl	icate was filed orida document	with the Florida Depa numberA130	artment of State	on ,
This amendment is submitted to amend the	following:		•		
A. If amending name, enter the new name:	ne of the	limited partners	hip or limited <u>liabilit</u> y	y limited partner	<u>ship</u>
		ity Seniors, I	P an acceptable suffix.		_
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh				L.P. or LLLP.	
B. If amending mailing address and principal office address here:	or princ	ipal office addı	ess, <u>enter new mail</u>	ing address and	<u>l/or</u>
New Principal Office Ad (Must be STREET address)	dress:	N/A		SECURE I	, .
New Mailing Address: (May be post office box)		N/A		1887 1887 1887 1997 1997 1997 1997 1997	Trans.
C. If amending the registered agent and new registered agent and/or the new regis				9: 12 RICE name of	the
Name of New Registered Agent:	N/A				
New Registered Office Address:		Enter 1	Florida street address		
•			, Florida		
•		City	Zip	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>	Name	Address	Type of Action
<u>GP</u>	Royal Oaks GP, LLC	1819 Peachtree Road, NE Suite 450 Atlanta, GA 30309	Add ☑ Remove
<u>GP</u>	Capital City Seniors GP.	1819 Peachtree Road, NE Suite 450 Atlanta, GA 30309	Add Remove
			Add Remove 15 JAN -9 AH 9: 12 Add Add Pemove Add Pemove Add Pemove Add Pemove
	partnership or limited liability ip" status, enter change here:	v limited partnership is amend	ling its "limited liability
This Limited	d Partnership hereby elects to be	a "Limited Liability Limited Par	rtnership."
This Limited	d Partnership hereby removes its	"Limited Liability Limited Part	nership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

N/A			
	·		
			
Effective date, if other than the	date of filing:		
(Effective date cannot be prior to nor State.)	more than 90 days after the date	this document is filed by the F	Torida Department of
Signature(s) of a general parts	ner er all general nartner	·s*.	•
Signature(s) of a general part	nei of an general partner	<u>3 ·· .</u>	
(*NOTE: Only one current general premoving a "limited liability limited pwhen adding or removing a "limited liability limited liability and lake GP, LLC, Gene By: Royal Dake Manageme	artnership" election statement. ability limited partnership" elec	Chapter 620, F.S., requires all gittion statement.)	
By:			
Chase Northcutt, Pre	sident		
<u> </u>			
			<u> </u>
		\ · · · ·	
Signature(s) of all new or dissemble Royal Oaks GP, LLC, Old		s), if any:	
By: Royal Oaks Manageme	General raginer ht, Inc., Old Managi	ng Member	≥co
1 Dely			<u> </u>
By: Chase Northcutt, Pr	esident		
Cit-1 Oit C : TD			<u> </u>
Capital City Seniors, LP by: Capital City Senior	, New General Partner s Management, Inc., 1		987
-y- suprior orey believe	oagement, int.,	sew managing member	
By: letter		•	
Chase Northcutt, Pre	sident		22 -
Filing Fee:	\$52.50		2>
Certified Copy (optional):	\$52.50		
Certificate of Status (optional)	: \$8.75		