

A15000000043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

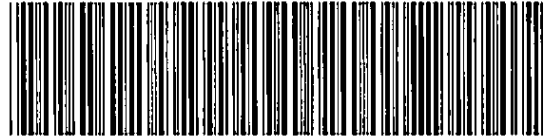
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900318196769

09/13/18--01005--001 **25.00

10/23/18--01027--015 **27.50

STATE OF MISSISSIPPI

2018 NOV -9 PM 3:06

FILED

D. BRUCE
NOV 03 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2018

CHRIS SUMNER
CULPEPPER GRAY
1500 METROPOLITAN BLVD
TALLAHASSEE, FL 32308

SUBJECT: CULPEPPER GRAY A JOINT VENTURE LP
Ref. Number: A15000000043

We have received your document for CULPEPPER GRAY A JOINT VENTURE LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 118A00021678

2018 NOV -9 PM 3: 05
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2018

CHRIS SUMNER
1538 METROPOLITAN
TALLAHASSEE, FL 32308

SUBJECT: CULPEPPER GRAY A JOINT VENTURE LP
Ref. Number: A15000000043

We have received your document for CULPEPPER GRAY A JOINT VENTURE LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 518A00019430

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 NOV - 9 PM 3: 26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Culpepper Gray A Joint Venture LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Chris Sumner

Contact Person

Culpepper Gray

Firm/Company

1500 Metropolitan Blvd

Address

Tallahassee, FL 32308

City, State and Zip Code

CSumner@Culpepperccc.com

E-mail address: (to be used for future annual report notification)

2010 NOV - 9 PM 3:26
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Chris Sumner at (850) 224 3146

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
|--|---|---|---|

STREET ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

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

Culpepper Gray A Joint Venture LP

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 01/13/2015, assigned Florida document number 570848, 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:

N/A

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)

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:

Chris Sumner

New Registered Office Address:

1500 Metropolitan Blvd

Enter Florida street address

Tallahassee

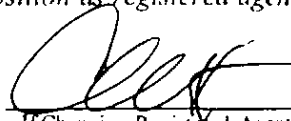
City

.Florida 32308

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ms. GP	Christy Maurer	1500 Metropolitan Blvd	<input type="checkbox"/> Add XX Remove
Mr GP	Christopher Sumner	1500 Metropolitan Blvd	XX Add 0 Remove
			<input type="checkbox"/> Add 0 Remove
			<input type="checkbox"/> Add 0 Remove
			<input type="checkbox"/> Add 0 Remove
			<input type="checkbox"/> Add 0 Remove
			<input type="checkbox"/> Add 0 Remove

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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.)*

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

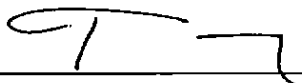
Effective date, if other than the date of filing: 09/01/18

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)



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

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2018 NOV -9 PM 5:05
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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