

A1500000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

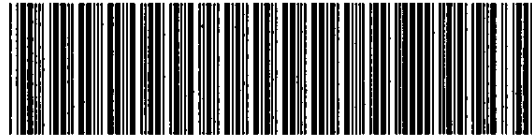
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 FEB 23 PM 4:57 2016 FEB 22 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 24 2016

S. YOUNG

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Jo Ann M. Koontz, Esq., CPA

Kathrine S. Lupo, Esq.

Jacqueline A. Meeker, Esq.



KOONTZ & ASSOCIATES, PL

1819 Main Street, Suite 910  
Sarasota, FL 34236

Phone 941-225-2615

Fax 941-951-2618

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February 19, 2016

***Via FedEx: Trk# 775690343378***

Florida Division of Corporations  
Registration Section  
2661 W. Executive Center Circle  
Tallahassee, FL 32301

Re: Wellness Services of Sarasota, LP

Dear Sir or Madam:

Enclosed please find a Certificate of Amendment to Certificate of Limited Partnership and Articles of Conversion for Wellness Services, LP:

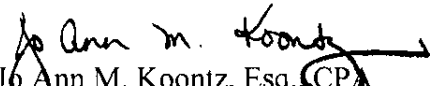
- 1) Certificate of Amendment to the Certificate of Limited Partnership
- 2) Articles of Conversion

We request that these documents be filed in the preceding order for the company to comply with certain business requirements.

Please contact my office with any questions or concerns.

Respectfully yours,

KOONTZ & ASSOCIATES, PL

  
Jo Ann M. Koontz, Esq., CPA

JMK:bh  
Enc.

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16 FEB 23 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WELLNESS SERVICES OF SARASOTA, 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:

JO ANN M. KOONTZ, ESQ.

Contact Person

KOONTZ & ASSOCIATES, PL

Firm/Company

1819 MAIN STREET, SUITE 910

Address

SARASOTA, FL 34236

City, State and Zip Code

JOANN@KOONTZASSOCIATES.COM

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

For further information concerning this matter, please call:

JO ANN M. KOONTZ, ESQ.

Name of Contact Person

at ( 941 ) 225-2615

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$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

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16 FEB 23 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**WELLNESS SERVICES OF SARASOTA, 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 APRIL 14, 2015, assigned Florida document number A15000000240, 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)*

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:

New Registered Office Address:

*Enter 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Bird Key Investments, LL	205 Bird Key Dr. Sarasota, FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.***)**

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.)

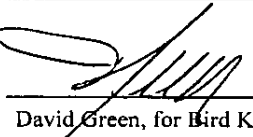
**Signature(s) of a general partner or all general partners\*:**

(\*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.)

  
\_\_\_\_\_  
David Green, for Bird Key Investments, LLC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

  
\_\_\_\_\_  
David Green, for Bird Key Investments, LLC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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