

May. 24. 2017 10:19AM
5/24/2017

Zimmerman, Kiser & Sutcliffe

Division of Corporations

No. 170001412053 P. 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000141205 3)))



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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I199900000006
Phone : (407)425-7010
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lschmidt@zkslawfirm.com

2017 MAY 24 AM 10:18

TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
TI DAYTONA LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 24 AM 11:59

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MAY 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TI Daytona Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amy Jellicorse, Esq.

Contact Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City, State and Zip Code

lschmidt@zkslawfirm.com

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

For further information concerning this matter, please call:

Lisa Schmidt

Name of Contact Person

at (407) 425-7010

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

(((H17000130944 3)))

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

TI Daytona Limited Partnership

Insert name currently on file with Florida Department of State

A17000000016

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

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 1/12/2017

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

The name of N. Dwayne Gray, Jr. was inadvertently input as the individual signing on behalf of TI Daytona G.P., Inc., the general partner.

FOURTH: The false or erroneous information or defect is corrected as follows:

The individual signing on behalf of TI Daytona G.P., Inc., the general partner, is Fabrizio Lucchese.

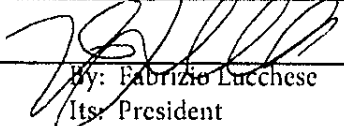
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Signature of a general partner*:

(*Note: If adding or 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).

TI Daytona G.P., Inc., a Florida corporation
as general partner of TI Daytona Limited Partnership, a Florida limited partnership


By: Fabrizio Lucchese
Its: President

Signature(s) of new 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 am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

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

(((H17000130944 3)))