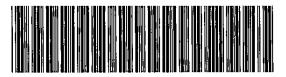


(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of C				
SUBJECT: PADL	ILA FAMILY LIM	IITED PART	NERS	SHIP
· · · · · · · · · · · · · · · · · ·	Name of Limited Partner			
The enclosed Stateme	ent of Correction and	fee(s) are submitt	ted for f	iling.
Please return all corre	espondence concernin	g this matter to:		
NICOLE MEDI	NA			
	Contact Person		•	
RUSSELL D. K	APLAN, P.A.			
	Firm/Company			
7951 SW 6TH	STREET, SUITE	210		
	Address			
PLANTATION,	FL 33324			
	ity, State and Zip Code	""		
RUSSK@RDKI				
E-mail address: (to	be used for future annual r	eport notification)		
For further information	on concerning this ma	tter, please call:		
NICOLE MEDI	NA	_at (954	763-	7777 x3
Name of Contac	t Person	Area Code a	nd Daytin	me Telephone Number
Enclosed is a check for	or the following amou	int:		
■ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop	y (\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG AD	DRESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 3230		, andra	5500, 1 1	. 3231.

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

PADULA FAMILY LIMITED PARTNERSHIP
Insert name currently on file with Florida Department of State
A23976
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 2017 Annual Report
Specify document type being corrected
tiled with the Florida Department of State on 1/20/2017
Insert date document filed with Dept. of State
THIRD: The false or erroneous information or defect is as follows: Padula Revocable Trust, 394 Arno Way, Pacific Palisades, CA 90272
FOURTH: The false or erroneous information or defect is corrected as follows: Padula Revocable Trust, 12725 W Bluff Creek Dr., #6, Playa Vista, CA 90094

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	7	SECR
	JAN 27	ESSE TO SEE
ered agent, the new	丑 8	mar To
acity. I further agree performance of my	9: 02	語

Signature of a gen (*Note: If adding or a	deleting an election				
partners must sign. If	aaaing aaaiiionai	generai pariner	(s), the new gener	ai pariner(s) musi s	rign).
			 		
Signature(s) of <u>ne</u>	w general partno	er(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