## A2400000040H

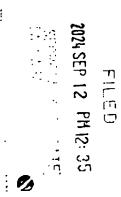
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
THE ORIGINAL FILING WAS PROCESSED WITH ERRORS.
THE CORRECTIONS WERE MADE ON 11/20/2021.
J. Dennis 11/20/2024

Office Use Only



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99/13/34~~01015~~023 ++52.50



## COVER LETTER

Division of O	Section Corporations				
SUBJECT: Kelly Pa	irtners (FRS) Holdings LP	•			
N:	ame of Florida Limited Pa	rtnership or Limited Liabili	ly Limited Partnership		
The enclosed Certifi	icate of Amendment a	ind fee(s) are submitted	for filing.		
Please return all cor	respondence concerni	ng this matter to:			
Joyce Au					
	Contact Person				
Kelly Partners (FRS) H	oldings LP				
	Firm/Company	<del></del>			
29575 Pacific Coast His	ghway				
	Address				
Malibu CA 90265					
(	City. State and Zip Code				
joyce.au@kellyparmer:	sgroup.com.au				
E-mail address: (to	be used for future annual	report notification)			
For further informat	ion concerning this m	atter, please call:			
Joyce Au		at (747 ) 320°	7083		
Name of Conta	Name of Contact Person		time Telephone Number		
Enclosed is a check	for the following amo	unt:			
■ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status		
Mailing Address:		Street Addre	<u>ess:</u>		
Registration Section		Registration Section			
Division of Corporat	tions	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 323	14		troe Street. Suite 810		
		Tallahassee.	Γ1. 023U3		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Kelly Partners (FRS) Holdings LP		
Insert name currently on	file with Florida Dep	partment of State
Pursuant to the provisions of section 620.1202. Ilmited liability limited partnership, whose certificates 7, 2024 adopts the following certificate of amendment to	ficate was filed w orida document r	with the Florida Department of State on number A24000000404
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partnersh	rip or limited liability limited partnership
Kelly Partners (FRS) Holdings LLLP		
New name must be distinguis	shable and contain a	r acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes. B. If amending mailing address and/or princ principal office address here:	: Limited Liability Li	mited Partnership, L.L.L.P. or LLLP.
New Principal Office Address:	1301 66th Street	N
(Must be STREET address)	St. Petersburg, F	L 33710
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registeregistered agent and/or the new registered office ac		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

<u>Name</u>	<u>Address</u>	Type of Action
		☐ Remove
		CLD
		☐ Add
		□ Re

F. If amending any other info	rmation, enter c	:hange(s) l	here: (Attach	additional she	ets, if necessary.)
		<del></del>			
	<u>.</u>				
Effective date, if other than the dat (Effective date cannot be prior to nor mor	e of filing:	S t t			7
State.)  Note: If the date inserted in this block do					
be listed as the document's effective date				4	
Signature(s) of a general partner					
/*NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability limited liability limite	iership" election s	tatement. C	Chapter 620, F	S., requires all g	
Rullog	- <del></del>	-			
	<del></del>	-			····
	_ <del></del>	_			
		_			
Signature(s) of all new or dissoci	ating general j	partner(s	s), if anv:		
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		-			
		-			
		_			
<b></b>	255 50				
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				
Certificate of Status (optional):	\$8.75				