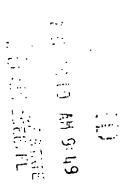
A24643

| (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: |
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Office Use Only



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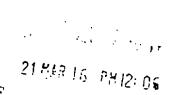
Y STILKES MAR 1 7 2021

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| D | ate: 03/10/2021 |
|---|---|
| | Acc#120160000072 |
| Name: | SET POINT ASSOCIATES, LIMITED PARTNERSHIP |
| Document #: | |
| Order #: | 13562541 |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | Country of Destination: |
| Certification: | Number of Certs: |
| Filing: 🕡 | Certified: Plain: COGS: COGS: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 113.75 |
| | (Thank you!) |





March 11, 2021

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: SET POINT ASSOCIATES, LIMITED PARTNERSHIP

Ref. Number: A24643

We have received your document for SET POINT ASSOCIATES, LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$113.75. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 721A00005174

Sent buck 3/16/2,

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| D | ate: | 03/10/2021 | | | |
|---|----------------------------|-------------------|-----------|---------------------------------------|------------|
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| Name: | SET POI | NT ASSOCIATES, | LIMITED P | ARTNERSHIP | |
| Document #: | | | | | |
| Order #: | 1356254 | | | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | | | | |
| Apostille/Notarial Certification: | | Country of Destin | ation: | | : |
| Filing: 🚺 | Certifi Plain: COGS: | | | | <u>.</u> . |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amou | nt:\$ 113.75 | | · · · · · · · · · · · · · · · · · · · | |

COVER LETTER

| | istration S sion of Co | ection prporations | | | |
|-------------------|---|---|---------------------------------|---------------------------------|--|
| eno iezm | Set Point 2 | Associates, L.P. | | | |
| SUBJECT: | Na | me of Foreign Limited Pa | rtnership or Limited | Liabili | ty Limited Partnership |
| The enclose | d amenda | nent and fec(s) are sub | smitted for filing. | | |
| Please retur | n all corre | spondence concerning | g this matter to: | | |
| Theresa Cook | re, Paralogal | | | | |
| | | Contact Person | | | |
| Klehr Harriso | on Harvey B | ranzburg ULP | | | |
| | | Firm/Company | | | |
| 1835 Market | Street, Suite | 1400 | | | |
| , | | Address | | | |
| Philadelphia. | PA 19103 | | | | |
| | C | ity, State and Zip Code | | | |
| tcooke@klch | r.com | | | | |
| E-mail : | iddress: (to | ne used for future annual r | eport notification) | | |
| For further | informatio | on concerning this ma | tter, please call: | | |
| Adrienne Be | any. Esquire | | at (| 400 | .2850 |
| , N | ame of Con | fact Person | Area Code | Da | iytime Telephone Number |
| Enclosed is | a check f | or the following amou | .tru. | | |
| S52.50 F | Hing Fee | S61.25 Filing Fee and Certificate of Status | S105.00 Filin and Certified Cop | | S113.75 Filing Fee. Certified Copy, and Certificate of Status |
| Reg Div P.O | iling Add gistration S vision of C D. Box 632 lahassee, l | Section orporations 7 | | Regis Divis The C 2415 | t Address: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303 |

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| the Florida Department of State is: | OCIATES, LIMITED PARTNERSHIP |
|---|---|
| | rtnership or Limited Liability Limited Partnership: |
| 2. The jurisdiction of its formation is: DE | |
| 3. The date the entity was authorized to trans | sact business in Florida is: 01/9/87 |
| If the amendment changes the name of the the new name; | e limited partnership or limited liability limited partnership, enter |
| | DINT ASSOCIATES, L.P. |
| Acceptable Limited Partnership suffixes. Limited Pa Acceptable Limited Liability Limited Partnership sty | armership, Limued, L.P., L.P., or E.d. Jixes: Limited Liability Limued Partnership L.L.L.P., or L.L.P. |
| (If name unavailable in Florida, enter alterna Florida.) | ne name adopted for the purpose of transacting business in |
| 5. If the amendment changes the general par <u>Name:</u> | rtner(s), list the name and business address of each general partner: <u>Business Address:</u> |
| | Add |
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| | Change |
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| 5. It the amendment changes the jurisdiction of organization, indicate new jurisdiction: |
|--|
| 7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: |
| |
| |
| 8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, chec the appropriate box: |
| The entity elects to be a limited liability limited partnership. |
| The entity is no longer a limited liability limited partnership. |
| Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law o which this entity is organized. |
| 10. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this day will not be listed as the document's effective date on the Department of State's records. |
| Signature of a general partner: Set Point, Inc. By: Michael A. Scully, President |
| Typed or printed name: Michael A. Scully |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF 'SET POINT ASSOCIATES, L.P.'

AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE THIRTIETH DAY OF JANUARY, A.D. 1987, AT 9 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF MARCH, A.D. 1996, AT 3 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE NINTH DAY OF JUNE, A.D. 2000, AT 9 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TENTH DAY OF NOVEMBER, A.D. 2020, AT 2:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED PARTNERSHIP, 'SET POINT ASSOCIATES, L.P.'.

Authentication: 204316561

Date: 12-14-20

8700290006

OF SET POINT ASSOCIATES, L.P.

Hali Hick.

This Certificate is being filed in compliance with Title 6 \$17-201 of the Pelaware Code in order to form a limited partnership under the laws of the State of Delaware.

One

The name of the limited partnership is SET POINT ASSOCIATES, L.P.

Two

The initial address of the registered office of the partnership and the name and address of the registered agent for service of process in the State of Delaware is as follows:

Organization Services, Inc. 103 Springer Building 7411 Silverside Road Wilmington, Delaware 19810

Three

The names and the business addresses of the initial General Partners of the Partnership are as follows:

Set Point, Inc. 801 Old York Road Jenkintown, PA 19045 Michael A. Scully 801 Old York Road Jenkintown, PA 19046

The undersigned, a duly authorized officer of Set Point, Inc., a General Partner of the partnership, and a General Partner in his own right, certifies that the above information is true and correct at and as of this 30th day of December, 1986.

GENERAL PARTNERS

ATTEST:

Set Point, Inc., a Delaware Corporation

Tour R. Jakenegro

,

WITNESS:

Michael A. Spully

AMENDMENT

TO THE

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SET POINT ASSOCIATES, L.P.

The undersigned, desiring to amend the Certificate of Limited Partnership of SET POINT ASSOCIATES, L.P. (the "Partnership") pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST:

The name of the Limited Partnership is:

SET POINT ASSOCIATES, L.P.

SECOND: Article Three of the Certificate of Limited Partnership shall be amended to reflect the withdrawal of Michael A. Scully as a General Partner and shall read, in its entirety, as follows:

Three

The name and the business address of the General Partner of the Partnership is as follows:

Set Point, Inc. 801 Old York Road Jenkintown, Pennsylvania 19046

IN WITNESS WHEREOP, the undersigned General Partner has caused this Amendment to the Certificate of Limited Partnership to be signed this $18^{\frac{1}{12}}$ day of March, 1996.

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STATE OF OCLAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILEO 03:00 PM 03/19/1996 960078239 - 2116257

By:

Michael A. Scully, President

FILED 09:00 AM 06/09/2000 001295365 - 2116257

CERTIFICATE OF AMENDMENT

TΩ

CERTIFICATE OF LIMITED PARTNERSHIP

OF

Set Point Associates Limited Partnership

Set Point Associates Limited Partnership (hereinafter called the "partnership"), a limited partnership organized under the Delaware Revised Uniform Limited Partnership Act (the "Act"), for the purpose of amending Certificate of Limited Partnership filed with the office of the Secretary of State of Delaware on January 30, 1987, hereby certifies that:

- 1. The name of the limited partnership is Set Point Associates Limited Partnership.
- 2. Pursuant to the provisions of Section 17-202, Title 6, Delaware Code, the amendment to the Certificate of Limited partnership effected by this Certificate of Amendment is to change the address of the registered office of the partnership in the State of Delaware to 9 East Loockerman Street, Dover, Delaware 19904, and to change the name of the registered agent of the partnership in the State of Delaware at the said address to National Registered Agents, Inc.

The undersigned, a general partner of the partnership, executes this Certificate of Amendment on June 9, 2000.

> James D. Scully, Jr. James D. Scully, Jr., Treasurer of Set Point, Inc., a General Partner

STATE OF DELAWARE CERTIFICATE OF AMENDMENT CHANGING ONLY THE REGISTERED OFFICE OR REGISTERED AGENT OF A LIMITED PARTNERSHIP

The limited partnership organized and existing under the Limited Partnership Act of the State of Delaware, hereby certifies as follows:

| The name of the lit | mited partnership is SET POINT ASSOCIATES, L.P. |
|--|--|
| 2. The Registered Of changed to 251 Little | fice of the limited partnership in the State of Delaware is |
| eminged to | (street), in the City of Wilmington |
| Zip Code 19808 whom process against this Corporation Service C | The name of the Registered Agent at such address upon limited partnership may be served is |
| | |
| | |
| | SET POINT ASSOCIATES, L.P. |
| | By: Set Point, Inc., General Partner |
| | By: /S/ Debbie Downs |
| | General Partner |
| | Name: Debbie Downs, Authorized Officer |
| | Print or Type |