

A26937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAR - 2 P 4: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 04 2016

S MASON

BOYD & ASSOCIATES LLC  
ATTORNEYS AT LAW

February 26, 2016

Jennifer N. Boyd  
Admitted To Practice in Connecticut and New York

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

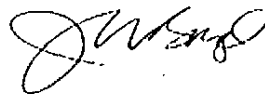
Re: 1070 High Ridge Road Limited Partnership  
Filing of Amendment and Reinstatement

Dear Madam or Sir:

The captioned partnership is seeking to be reinstated as a Florida LP. The individuals who were the general partners at the time of the most recent Annual Report filing are deceased, and new general partners have been elected. Accordingly, the Certificate of Amendment (which provides the names and addresses of the new partners and the change of address of the registered agent), as well as the Certificate of Reinstatement, are signed by the new partners only.

Very truly yours,

Boyd & Associates LLC



By: \_\_\_\_\_  
Jennifer N. Boyd

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1070 High Ridge Road Limited Partnership  
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:

Jennifer N. Boyd

Contact Person

Boyd & Associates LLC

Firm/Company

226 West Norwalk Road

Address

Norwalk, CT 06850

City, State and Zip Code

rkahn@unitedcre.com

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

For further information concerning this matter, please call:

Jennifer N. Boyd

Name of Contact Person

at ( 203 )

838-2288

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

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

1070 High Ridge Road Limited Partnership

Insert name currently on file with Florida Department of State

FILED  
2016 MAR -2 P 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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 August 23, 1988, assigned Florida document number A26937, 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:

Abraham Mora

New Registered Office Address:

Phillips Point, East Tower, Suite 1000

*Enter Florida street address*

West Palm Beach, Florida

*City*

33401-6152

*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.*

*Abraham M. Mow*

If Changing Registered Agent, Signature of New Registered Agent

2016 APR 2 P 4:17  
SECRETARY OF STATE  
OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT  
FILED

**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>
Ms.	Linda B. Feld	c/o Verrill Dana LLP 33 Riverside Ave. Westport, CT 06880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr.	Robert H. Kahn	1111 Summer Street Suite 603 Stamford, CT 06905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr.	Morton B. Kahn	deceased	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Ms.	Phyllis C. Kahn	deceased	<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

**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.

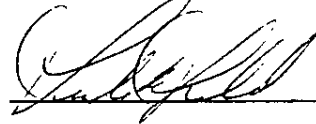
**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

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.)

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FILED  
2016 MAR 2 P 4:08  
TREASURY OF STATE  
TALLAHASSEE, FLORIDA