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Office Use Only

G. MCLEOD

OCT 26 2010

EXAMINER



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1037B Lake Village Circle • Brandon, Mississippi 39047 Phone: 601.919.9962 • Fax: 601.919.9967

KELLY HARDWICK, ESQ. kelly@kitchenshardwick.com

October 21, 2010

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Bella Vista Apts., LTD.

Dear Ladies/Gentlemen:

Enclosed herewith please find the Certificate of Amendment to Certificate of Limited Partnership Agreement of Bella Vista Apts., LTD. Also enclosed, please find my firm check to cover the costs of filing same and for the cost of a Certificate of Status. Please file the original and return a Certificate of Status to my office at your earliest convenience.

If you have any questions or comments regarding this matter, please do not hesitate to give me a call.

With kindest regards, I am

Sincerely, Kelly Handwick

Kelly Hardwick

KH/mlp Enclosures

cc: Elizabeth M. Whitaker (w/o enclosures)

Rodney Dudley (w/o enclosures) Barbara MaGalski (w/o enclosures)

CERTIFICATE OF AMENDMENT 10 007 25 PM 12: 20 ERTIFICATE OF LIMITED PARTNERS FITTERETARY OF STATE

	"HOSEF" FO TATE
Bella Vist	ta Apartments, Ltd.
	n file with Florida Department of State
mited liability limited partnership, whose cert	t, Florida Statutes, this Florida limited partnership or tificate was filed with the Florida Department of State or Florida document number
lopts the following certificate of amendment	to its certificate of limited partnership.
his amendment is submitted to amend the following	ng:
. If amending name, enter the new name of the ere:	ne limited partnership or limited liability limited partnersh
	N/A
New name must be disting	uishable and contain an acceptable suffix.
B. If amending mailing address and/or principal office address here: New Principal Office Address:	ncipal office address, enter new mailing address and/o
(Must be STREET address)	Madison, MS 39110
New Mailing Address: (May be post office box)	P. O. Box 2118 Madison. MS 39130-2118
C. If amending the registered agent and/or regew registered agent and/or the new registered of Name of New Registered Agent:	
New Registered Office Address:	,
A TOWN TOWN THE TOWN TO THE TOWN THE TO	Enter Florida street address
	•

City

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.

<u>itle</u>	Name	<u>Address</u>	Type of Action
Co-GP	J. Steve Nail	354 St. Andrews Drive Jackson, MS 39211	Add ☐ Remove
Co-GP	Rodney H, Dudley	1111 Rolling Meadows Ridgeland, MS 39157	Add Remove
assed	William R. Gunby, Jr.	1505 Bayshore Blvd Tampa, FL 33606	AddRemove
		Add Remove	
		Add Remove	
	· ·		Add

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

·	
Stative date if other than the date of filings	
ffective date, if other than the date of filing:	r the date this document is filed by the Florida Department o
	•
ignature(s) of a general partner or all general ;	partners*:
*NOTE: Only one current general partner is required to sige moving a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership".	tement. Chapter 620, F.S., requires all general partners to si
Them Dail	Rodney H. Dadley; V.P. of Special L.P.
Steve Nail; President of Special L.P.	Rodney H. Dadley; V.P. of Special L.P.
······································	
ignature(s) of all new or dissociating general p	artner(s), if any:
Thun hard	Rushen Hallen
. Steve Nail; Co-G.P.	Rodney H. Dualley; Co-G.P.
11/1/1/	
Greer Gunby; Executor	·
Estate of William R. Gunby	
·	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	