

A 37226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

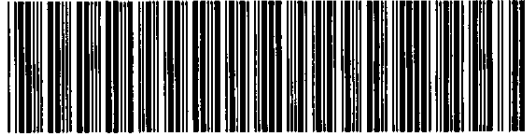
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000270913880

04/02/15--01016--006 **113.75

FILED
15 APR -2 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKTREE APARTMENTS, LTD.
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:

BARBARA MAGALSKI

Contact Person

PARENT MANAGEMENT COMPANY, INC.

Firm/Company

613 SOUTH 12TH STREET

Address

LEESBURG, FLORIDA 34748

City, State and Zip Code

PARENTMGMT@COMCAST.NET

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

For further information concerning this matter, please call:

BARBARA MAGALSKI

Name of Contact Person

at (352) 787-2700

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**

OAKTREE APARTMENTS, LTD.

Insert name currently on file with Florida Department of State

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 JULY 23, 1992, assigned Florida document number A33226, 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)

505 N Boyd St.
Winter Garden, FL 34787

New Mailing Address:
(May be post office box)

505 N Boyd St.
Winter Garden, FL 34787

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:

Toni G Stephens

New Registered Office Address:

505 N Boyd St

Enter Florida street address

Winter Garden, Florida FL 34787
City Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	TONI STEPHENS	505 N. BOYD STREET WINTER GARDEN FLORIDA 34787	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	WESTFIELD OF JASPER, INC.	505 N. BOYD STREET WINTER GARDEN, FLORIDA 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Remove
☐ Add
☐ Remove
☐ Add
☐ Remove

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

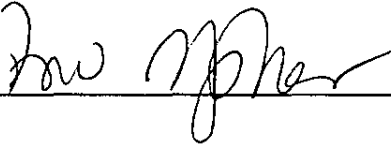
Page 2 of 3

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.)

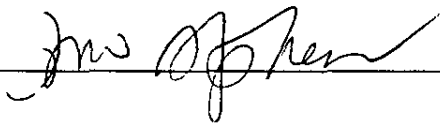
Signature(s) of a general partner or all general partners*:

(*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.)



TONI STEPHENS

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



WESTFIELD

JASPER, IN

FILED
15 APR - 2 AM 9:55
CLERK OF COURT
JANUARY 15, 2015

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