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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name Account Number : I20030000118

: SHUFFIELD LOWMAN

Phone

: (407)581~9800

Fax Number

: (407)581-9801

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

## SILVER PINES OF NORTH FLORIDA, LTD.

		Certificate of Status	0
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T. HAMPTON

SEP 2 5 2008

**EXAMINER** 

9/24/2008 10:52:25 AM

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF SILVER PINES OF NORTH FLORIDA, LTD.

TALLAHASSEE, FLORI

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 October 23, 1992, and assigned Document Number A33583, adopts the following certificate of amendment to its certificate of limited partnership.

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)

If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here;

New Principal Office Address:

5393 Shoreline Circle

(Must be STREET address)

Sanford, FL 32771

New Mailing Address: (May be post office box) 5393 Shoreline Circle Sanford, FL 32771

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:

Mark T. Koivu

New Registered Office Address: (Must be Florida STREET address)

5393 Shoreline Circle Sanford, FL 32771

If changing Registered Agent, new Registered Agent's Signature:

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.

(A changing Registered Agent, Signature of New Registered Agent)

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X	If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:							
		oc # (if appl)	Name	Address	Type of Action			
	<u>P0</u>	<u>0000106849</u>	Silver Pines, G.P., Inc.	2296 W. Airport Blvd Sanford, FL 32771	□ Add □ Change 図 Remove			
	<u>p9</u>	4000047931	Jaxold Corporation	5393 Shoreline Circle Sanford, FL 32771	⊠ Add □ Change □ Remove			
	If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter changes here:							
	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."							
	This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.							
	( <u>NOTE</u> : If adding or removing "limited liability limited partnership" status, <u>all</u> general partners must sign this amendment.)							
	Amending Other Information (enter changes here; attach additional sheets, if necessary)							
Effecti	ive date e date car	e, if other than t	he date of filing: more than 90 days after the date this do	ocument is filed by the Florido Dep	partment of State.)			
(*Note: a "limite	Only one ad liability	of general partn current general par limited partnership ating general partne	ther is required to sign this document " election statement.	unless the limited partnership is a	dding or removing			
		RAL PARTNE	R:	Ä	ı Se			
Ву:	lark T.	Kolyu, Presiden	nt	AHASSE	FIL 1008 SEP 21 ECRETARY			

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DISSOCIATING GENERAL PARTNER: SILVER PINES G.P., INC.

Bv:

Paul Steinfurth, President

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SECRETARY OF STATE
THE AMASSEE, FLORIDA

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