

A94000000960

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LIMITED PARTNERSHIP AMENDMENT

LOPEZ FAMILY LIMITED PARTNERSHIP

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M. Thomas SEP 15 2005

Audit Fax #: H050002202833**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the Limited Partnership as identified in the records of the Florida Department of State is **LOPEZ FAMILY LIMITED PARTNERSHIP**

2. The Limited Partnership's Florida document number is: **A94000000960**.

3. The complete name of the entity after filing Statement of Qualification shall be:

LOPEZ FAMILY LIMITED PARTNERSHIP, L.L.L.P.

4. The street address of its chief executive office is:

8011 North Himes Avenue
Tampa, FL 33614

5. The street address of its principal office in Florida is:

8011 North Himes Avenue
Tampa, FL 33614

6. The limited partnership hereby elects to be a limited liability limited partnership.

7. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State
or

_____ a date later than the time of filing: _____

8. The name and Florida street address of the partnership's agent for service of process:

Alan S. Gassman, Esq.
1245 Court Street, Suite 102
Clearwater, FL 33756

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

STATEMENT OF QUALIFICATION

Alan S. Gassman, Esq.
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200

Florida Bar #: 371750

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Signed effective this 9th day of September, 2005.

Signatures of two partners required:

Carlos M. Lopez H-17

CARLOS M. LOPEZ, as Trustee of the
CARLOS M. LOPEZ REVOCABLE FAMILY
TRUST

Patricia V. Lopez
PATRICIA V. LOPEZ, Trustee of the
PATRICIA V. LOPEZ REVOCABLE TRUST

JNL: Lopez, Carlos Lopez Family Limited Partnership Statement of Qualification.1.wpd
jns 9/9/15

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STATEMENT OF QUALIFICATION
Alan S. Gassman, Esq.
1245 Court Street, Suite 102
Clearwater, FL 33756
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ACCEPTANCE OF REGISTERED AGENT

Pursuant to Florida Statutes and Section 6 of this Statement of Qualification, the undersigned Registered Agent does hereby accept the duties as Registered Agent and designates as his location for service of process as:

Alan S. Gassman, Esquire
1245 Court Street
Suite 102
Clearwater, Florida 33756

The undersigned shall serve as Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.



ALAN S. GASSMAN, ESQUIRE