# P111 00000 P194

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#### COVER LETTER

<b>TO:</b> Registration Division of C			
SUBJECT: Hathawa	y Limited Partnership		
Na Na	me of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.
Please return all corr	espondence concernit	ng this matter to:	
Alma F. Clements, Gene	eral Partner		
	Contact Person		
Hathaway Limited Partr	ership		
	Firm/Company		
5992 32nd Ave N			
	Address		
St. Petersburg, FL 3371	)		
	City, State and Zip Code		
dellamay1003@yahoo.	com		
E-mail address: (to	be used for future annual	report notification)	
For further informat	ion concerning this m	atter, please call:	
Patricia Miller		at ( <sup>727</sup> ) <sup>510</sup> -	6606
Name of Conta	ect Person		time Telephone Number
Enclosed is a check	for the following amo	ount:	
☐ \$52,50 Filing Fee	☐S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street Addr	
Registration Section		Registration	
Division of Corpora	tions		Corporations of Tallahassee
P.O. Box 6327 Tallahassee, FL 323	14		nroe Street, Suite 810
rananassee. 1 E 323	ı - <b>ı</b>	Tallahassee,	

### CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP **OF**

Hathaway Limited Partnership

Insert name currently	on file with Florida Depa	artment of State
Pursuant to the provisions of section 620.120 limited liability limited partnership, whose continuous 12.1994, assigned adopts the following certificate of amendment	ertificate was filed w d Florida document n	ith the Florida Department of State on umber A94000001119
This amendment is submitted to amend the follow	/ing:	
A. If amending name, enter the new name of here:	the limited partnersh	ip or limited liability limited partnership
New name must be distin	nguishable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffi		
B. If amending mailing address and/or pr principal office address here:	rincipal office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office hox)		
C. If amending the registered agent and/or regi registered agent and/or the new registered offic	istered office address o	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
	City	Florida Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Age	nt, Signature of New Registere
		ter the name and business addre	ess of each general part
itle	ed from our records: Name	Address	Type of Action
	<del> </del>		Remove
			□ Add □ Remove
			☐ Add
			☐ Add ☐ Remove
			🗖 Remove

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

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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 Departme State.)  Note: If the date inserted in this block does not meet the applicable statutory liling requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners twhen adding or removing a "limited liability limited partnership" election statement.)  Cluay 7. Cleugate G.P.  Signature(s) of all new or dissociating general partner(s), if any:  Filing Fee: \$52.50  Certified Copy (optional): \$52.50	Article II is hereby amended to extend t	the term of the I	lathaway Lir	nited Partnership	p to exist perpe	tually.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department State.)  Note: If the date inserted in this block does not meet the applicable statutory liling requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners twhen adding or removing a "limited liability limited partnership" election statement.)  Olina 7. Clengature P.  Signature(s) of all new or dissociating general partner(s), if any:  Filing Fee: \$52.50  Certified Copy (optional): \$52.50	<u> </u>				· · · ·	
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Signature(s) of all new or dissociating general partner(s), if any:  Filing Fee: \$52.50  Certified Copy (optional): \$52.50						
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#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

,		
CERTIFICATI	E OF AMENDMENT TO	89. ji
CERTIFICATE OF	LIMITED PARTNERSHIP OF	En. 11.
Hathaway Limited Partnership		
Insert name currently on fi	ile with Florida Department of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi August 12, 1994, assigned Flo	icate was filed with the Florida Deprida document number A94000001	epartment of State on
adopts the following certificate of amendment to	its certificate of limited partnersh	ıip.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	limited partnership or limited liabi	lity limited partnership
New name must be distinguish	hable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: 1	hip. Limited. L.P. I.P. or Ltd	.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	pal office address, <u>enter new ma</u>	iiling address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registere registered agent and/or the new registered office add	ed office address on our records, <u>en</u> dress here:	ter the name of the new
N CN B		
Name of New Registered Agent:		<del></del>
New Registered Office Address:	E . Pl	<del></del>
	Enter Florida street address	,
	E1 * 1	

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	Address	Type of Action
			- D B
<del></del>			
·			
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F. If amending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
Article II is hereby amended to extend the term of the Hathaway	y Limited Partnership to exist perpetually.
Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days after the State.)	•
Note: If the date inserted in this block does not meet the applica be listed as the document's effective date on the Department of	ble statutory filing requirements, this date will not State's records.
Signature(s) of a general partner or all general partner	rtners*:
(*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership	nent. Chapter 620, F.S., requires all general partners to sign
al na 7. Clenguta G.P.	
Signature(s) of all new or dissociating general part	tner(s), if any:
Filing Foot	

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