

04/07/2020 TUE 10:52 FAX

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11/21/2019 THU 15:33 FAX

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 2038
DESTINATION ADDRESS 18506176383
SUBADDRESS
DESTINATION ID
ST. TIME 11/21 15:33
TX/RX TIME 01' 48
PCS.
RESULT OK

SENT 11/21/2019
AMENDMENT-NOT
CONFIRMED-
RESUBMISSION
EFFECTIVE DATE

11/21/2019

REFILE PERSUSAN
T/C

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H190003413163ABC

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2020 APR -7 AM 11:50

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TODD D. KAPLAN
Account Number : T20130000039
Phone : (941) 907-0006
Fax Number : (941) 487-5371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tkaplan@icardmerrill.com

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
WHITE OAK DEVELOPMENT, LTD.

Y SULKEP

APR 08 2020

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TODD D. KAPLAN
Account Number : T20130000030
Phone : (941) 907-0006
Fax Number : (941) 487-5371

2019 NOV 21 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: tkaplan@icardmerrill.com

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
WHITE OAK DEVELOPMENT, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Oak Development, 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:

Todd D. Kaplan, Esq
Contact Person
Icard, Merrill, Cullis, Timm, Furen & Ginsburg, PA
Firm/Company
8470 Enterprise Circle #201
Address
Lakewood Ranch, FL 34202
City, State and Zip Code
tkaplan@icardmerrill.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd D. Kaplan, Esq. at (841) 518-3284
Name of Contact Person 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

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**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

White Oak Development, 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 08/17/1995, assigned Florida document number A95000001232,

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:

White Oak Development, LLLP

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)

New Mailing Address:

(May be post office box)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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2019 NOV 21 AM 9:16
SECRET
FLORIDA DEPARTMENT OF STATE

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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.

 If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>Ancient Oaks, Inc.</u>	<u>10603 Riverbank Terrace</u> <u>Bradenton, FL 34212</u>	☐ Add ☒ Remove
<u>GP</u>	<u>David S. McNabb, Trustee,</u> <u>David S. McNabb Trust</u> <u>u/a/d 12/14/01, as amended</u>	<u>10603 Riverbank Terrace</u> <u>Bradenton, FL 34212</u>	☒ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	☐ Add ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☒ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

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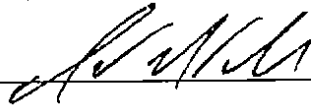
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: 11/21/2019
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

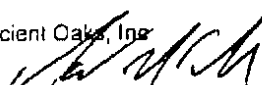
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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.)


 David S. McNabb, Trustee
 David S. McNabb, Trust u/a/d 12/14/01, as amended

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

Ancient Oaks, Inc.

 By: David McNabb, President

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