

Clanburg, W. J.
 Requestor's Name
 Address
 City/State/Zip *222-6891* Phone #

A95000001919

100002193581--1
 -05/28/97--01082--003
 ****105.00 ****105.00
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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 SECRETARY OF STATE
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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

G. TAX _____
 FILING _____
 R. AGENT FEE 52.50
 C. COPY 52.50
 TOTAL 105.00 *h/k*
 N. BANK _____
 BALANCE DUE _____
 REMIT _____
 5/23/97
 5/23/97
 Examiner's Initials *h/k*

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
OCEAN PARK PARTNERSHIP, LTD.**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Pursuant to the provisions of section 620.109, Florida Statutes, this Florida Limited Partnership, whose certificate was filed with the Florida Department of State on December 11, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

FIRST: For the purposes of changing the address and date of dissolution of the partnership, amendments have been made to numbers 2,3,4,5 and 6:

2. The address of the office of the Partnership is 8705-8 Perimeter Park Blvd., Jacksonville, Florida 32216.

3. The name and address of the agent for service of process on the Partnership is Donald C. Fort, 8705-8 Perimeter Park Blvd., Florida 32216.
Jacksonville

4. The name and address of the general partner of the Partnership are as follows:

D.C.F. of Jacksonville, Inc.
8705-8 Perimeter Park Blvd.,
Jacksonville, Florida 32216

79500093642

5. The mailing address of the Partnership is 8705-8 Perimeter Park Blvd., Jacksonville, Florida 32216.

6. The latest date upon which the Partnership shall dissolve is December 31, 2038.

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature
Signature of current general partner

D.C.F. of Jacksonville, Inc.

By: [Signature]
Name: Donald C. Fort
Title: President

A9500000 1919
Requestor's Name

Address
City/State/Zip Phone # 222-6891

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	Reinstatement
	Trademark

G. TAX FILING 1752.00
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TOTAL 1804.50
V. BANK
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**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP**

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The undersigned general partner of **OCEAN PARK PARTNERSHIP, LTD.**, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$2,178,625 .00.


This 22 day of May, 1997

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

GENERAL PARTNER

D.C.F. of Jacksonville, Inc.

By: 
Name: Donald C. Fort
Title: President