

A96000000121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

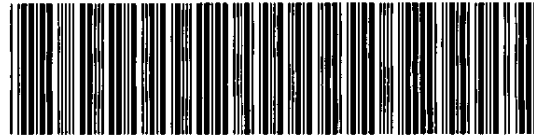
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/20/16--01013--023 \*\*105.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 20 A 3:18

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DEPARTMENT OF STATE  
16 SEP 20 PM 12:10

S Warren

SEP 23 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2016

CT CORPORATION SYSTEM

SUBJECT: TIFFANY PARK PARTNERS, LTD.  
Ref. Number: A96000000121

We have received your document for TIFFANY PARK PARTNERS, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 816A00020215

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 9/20

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16 SEP 22 PM 2:58

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IN AGENCY OF FILING  
SUFFICIENCY OF FILING

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

TIFFANY PARK PARTNERS, LTD.

A9600000121

[Redacted box]

**\*RE-SUBMIT\***

Please retain original filing date of submission 9/20

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy  
LP Amendment

Walk In

Mail Out

Name \_\_\_\_\_

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

9/20/2016

**KM**

Merger

Mark

Other

UCC

CUS

After 4:30

Pick Up

Order#:

**10169090**

Ref#:

Amount: \$

(CT CORP)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tiffany Park Partners, 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:

Rebecca Willis  
Contact Person  
Waypoint Residential  
Firm/Company  
3475 Piedmont Road NE, Suite 1640  
Address  
Atlanta, GA 30305  
City, State and Zip Code  
rwillis@waypointresidential.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Willis at ( 770 ) 817-5950  
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

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

Tiffany Park Partners, 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 January 16, 1996, assigned Florida document number A9600000121, 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:**

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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TALLAHASSEE, FLORIDA

**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>
GP	Waypoint Port St Lucie GP, LLC	2200 Atlantic Street Suite 520 Stamford, CT 06902	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Waypoint Port St Lucie Owner, LLC	2200 Atlantic Street Suite 520 Stamford, CT 06902	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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**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.)**

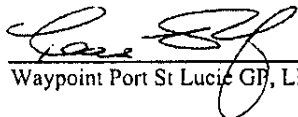
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: July 1, 2012  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)


**Signature(s) of a general partner or all general partners\*:**

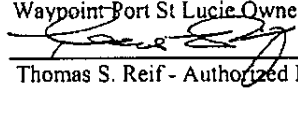
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

  
\_\_\_\_\_  
Waypoint Port St Lucie GP, LLC  
\_\_\_\_\_  
Thomas S. Reif - Authorized Person  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Waypoint Port St Lucie GP, LLC  
  
\_\_\_\_\_  
Thomas S. Reif - Authorized Person  
\_\_\_\_\_  
\_\_\_\_\_

Waypoint Port St Lucie Owner, LLC  
  
\_\_\_\_\_  
Thomas S. Reif - Authorized Person  
\_\_\_\_\_  
\_\_\_\_\_

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

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2012 SEP 20 A 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA