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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

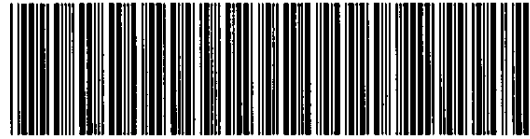
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALL RIVER, MASSACHUSETTS 01923

FILED

APR 21 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2014

JOHN S. CLARDY III
CLARDY LAW FIRM PA
243 NE 7TH STREET
CRYSTAL RIVER, FL 34428

SUBJECT: MCCALLISTER FAMILY LIMITED PARTNERSHIP
Ref. Number: A96000001156

We have received your document for MCCALLISTER FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 514A00007375

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McCallister Family Limited Partnership
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:

John S. Clardy III
Contact Person
Clardy Law Firm PA
Firm/Company
243 NE 7th Street
Address
Crystal River FL 34428
City, State and Zip Code
chrismccallister@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John S. Clardy III at (352) 795-2946
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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TALLAHASSEE FLORIDA
MAY 17 2014

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

McCallister Family Limited Partnership

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 June 17, 1996, assigned Florida document number A9600001156, 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:

John S. Clardy III

New Registered Office Address:

243 NE 7th Street

Enter Florida street address

Crystal River, Florida 34428

City

Zip Code

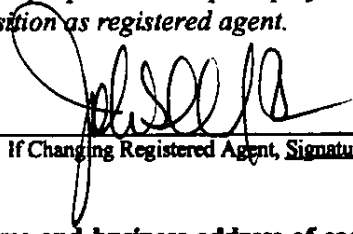
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New Registered Agent's Signature, if changing Registered Agent:

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>Charles E. McCallister</u>	<u>2804 Beagle Pl</u> <u>Seffner FL 33584</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<u>Reba Jeanne McCallister</u>	<u>2804 Beagle Pl</u> <u>Seffner FL 33584</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>PRC Land Holdings LLC</u>	<u>2804 Beagle Pl</u> <u>Seffner FL 33584</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<u>L3000160889</u>	<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

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.)

Both Charles E. McCallister and Reba Jeanne McCallister are deceased.

Attached are Letters of Administration for both estates

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 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.)

Patricia C Lyons, Personal Rep.
Patricia C. Lyons, Personal Representative
Estate of Charles E. McCallister

Patricia C Lyons, Personal Rep.
Patricia C. Lyons, Personal Representative
Estate of Reba Jeanne McCallister

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

Patricia C Lyons, Managing Member
Patricia C. Lyons, Managing Member
PRC Land Holdings LLC

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

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TALLAHASSEE FLORIDA