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MENT #	# A 97000	001081			į		1 	
WHITESIDE-WALTON LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS			
e of Business H PLACE FL 32605		Mailing Address 4324 N.W. 8TH PLACE GAINESVILLE FL 32605-4586		00 APR -7 PM 3: 15				
lace of Busines	38 3	. Mailing Address						
#, etc.		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
6					1 50-344 10XII		Applied For	
	Country	Zip	Country				Fee Requir	
6. Name a	nd Address of Current Reg	ristered Agent		Marro		ddress of New Reg	istered Agent	
WALTON MADOIA W				Name				
	1		ļ ·	Street Address	(P.O. Box Number is Not Acceptable)			
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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	City			FL Zip Co	ode
named entity s	submits this statement for the	purpose of changing its	registered	office or registe	ered agent, or both,	in the State of Florid	a.	
Signature, typed or	printed name of registered agent and ti	the if applicable (NOTE						
9. Capital Contributions as Shown on record. \$80,000.00 10. Amount of Capital in FLORIDA to dat				gent signature require	ed when reinstating)		DATE	
on record.		10. Amount of Capita in FLORIDA to da	al Contribut ate.	tions			PAYABLE TO DEPT. SIDE FOR FEE INFO	
on record. A GI	\$80,000.00 ENERAL PARTNER THA General Partners MAY N	10. Amount of Capita in FLORIDA to da T IS A BUSINESS EN	al Contribut ate.	ions ST BE REGIS	STERED AND AC	SEE REVERSE TIVE WITH THIS (PAYABLE TO DEPT. SIDE FOR FEE INFO OFFICE.	
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WHITESIDE 431 HURON CAMBRIDGI	ENERAL PARTNER THA General Partners MAY N GENERAL PARTNER INI , NANCY C TRUSTEE I AVENUE E MA 02138	10. Amount of Capita in FLORIDA to da T IS A BUSINESS EN IOT be changed on th	al Contributate. TITY MUS ne form; a 13. STREET	ST BE REGIS an amendme	STERED AND AC	SEE REVERSE TIVE WITH THIS (to change a gene	PAYABLE TO DEPT. SIDE FOR FEE INFO OFFICE. oral partner.	066/6) (66/6)
WHITESIDE 431 HURON CAMBRIDGI WALTON, N 4324 NW 8	ENERAL PARTNER THA General Partners MAY N GENERAL PARTNER INI , NANCY C TRUSTEE I AVENUE E MA 02138	10. Amount of Capita in FLORIDA to da T IS A BUSINESS EN IOT be changed on th	al Contributate. TITY MUS ne form; a 13. STREET	ADDRESS ADDRESS ADDRESS	STERED AND AC	SEE REVERSE TIVE WITH THIS (to change a gene	PAYABLE TO DEPT. SIDE FOR FEE INFO OFFICE. oral partner.	ORMATION (66/6)
WHITESIDE 431 HURON CAMBRIDGI WALTON, N 4324 NW 8 GAINESVILL WALTON, D 4324 NW;8	ENERAL PARTNER THA General Partners MAY N GENERAL PARTNER IN , NANCY C TRUSTEE NAVENUE E MA 02138 MARCIA W TRUSTEE TH PLACE E FL 32605	10. Amount of Capita in FLORIDA to da T IS A BUSINESS EN IOT be changed on th	al Contributate. TITY MUS ne form; a 13. STREET / CITY-ST STREET / STREET /	ADDRESS -ZIP ADDRESS -ADDRESS	STERED AND AC nt must be filed	SEE REVERSE TIVE WITH THIS (to change a gene	PAYABLE TO DEPT. SIDE FOR FEE INFO OFFICE. oral partner.	ORMATION (66/6)
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	e of Business H PLACE FL 32605 lace of Busines #, etc. 6. Name a MARCIA W . 8TH PLACE LLE FL 32606	DE-WALTON LIMITED PARTNERSHIP e of Business H PLACE FL 32605 lace of Business #, etc. Country 6. Name and Address of Current Reg MARCIA W 8TH PLACE LLE FL 32605	DE-WALTON LIMITED PARTNERSHIP e of Business H PLACE FL 32605 Mailing Address 4324 N.W. 8TH PLACE GAINESVILLE FL 32605-43 lace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Zip 6. Name and Address of Current Registered Agent MARCIA W 8TH PLACE LLE FL 32605 named entity submits this statement for the purpose of changing its	DE-WALTON LIMITED PARTNERSHIP e of Business H PLACE H 32605 Hace of Business A 324 N.W. 8TH PLACE GAINESVILLE FL 32605-4586 FL 32605 GAINESVILLE FL 32605-4586 City & State Country Country Tip Country ARRCIA W STH PLACE LLE FL 32605 named entity submits this statement for the purpose of changing its registered	DE-WALTON LIMITED PARTNERSHIP e of Business H PLACE H 2324 N.W. 8TH PLACE GAINESVILLE FL 32605-4586 lace of Business J. Mailing Address lace of Business J. Mailing Address Liter Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name MARCIA W Street Address LILE FL 32605 City named entity submits this statement for the purpose of changing its registered office or register.	DE-WALTON LIMITED PARTNERSHIP e of Business	DE-WALTON LIMITED PARTNERSHIP SECRET. DIVISION O OO APR 1 PLACE	DE-WALTON LIMITED PARTNERSHIP SECRETARY OF STATE DIVISION OF CORPORATION of Business H PLACE FL 32605 Mailing Address 4324 N.W. 8TH PLACE GAINESVILLE FL 32605-4586 Mailing Address Jace of Business 3. Mailing Address Jace of Business And the state Jon Not Write In this space City & State 4. FEI Number 59-344 1980 Country Zip Country 5. Certificate of Status Desired Fee Required Name Name MARCIA W Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)

MANLY C WHITES MG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

3/w/ 00