Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6393

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374

Phone : (407)418-2435

Fax Number

: (407)120-5909

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

Email	Address	•
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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION ACP-LAURICH PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

* FROM :	FAX NO	o <b>. :</b>	Apr. 20 2010 10:36AM P2 FILED
			10 APR 20 AM 8: 40
	CEDE		PALLAHASSEE STATE
	CERT	IFICATE OF AMENDME TO	INT
	CERTIFICA	TE OF LIMITED PARTN OF	YERSHIP
	ACP-	Laurich Partnership, L	td.
	Insert name cum	ently on file with Florida Departn	nent of State
	Pursuant to the provisions of section 620 limited liability limited partnership, who 11/21/1997, assi	se certificate was filed with	the Florida Department of State on
	adopts the following certificate of amend	ment to its certificate of lim	ited partnership.
	This amendment is submitted to amend the fo	llowing:	
	A. If amending name, <u>enter the new name</u> <u>here</u> :	of the limited partnership o	r limited Unbility limited partnership
	New name must be d	istinguishable and contain an acco	eptable suffix.
	Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership		
	B. If amending mailing address and/or principal office address here:	principal office address, <u>c</u>	enter new mailing address and/or
	New Principal Office Addre	ess: 390 N. Orange A	venue
	(Must by STREET address)	Suite 2400 Orlando, FL 3280	01
	New Mailing Address: (May be past affice hax)	390 N. Orange A Suite 2400 Orlando, FL 3280	
	C. If amending the registered agent and/onew registered agent and/or the new register.  Name of New Registered Agent:	r registered office address on	•
		390 N. Orange Avenue,	Suite 2400
	New Registered Office Address:		street address
		Orlando	, Florida 32801
		City	Zip Code

	New Registered	l Agent's Signature, if char	nging Registered Agent:	
	— comply with the p	rovisions of all statutes relati	agent and agree to act in this capaci ive to the proper and complete perfor my position as registered agent.	ty. I fwther agree to rmance of my duties,
			If Changing Registered Agent, Signat	ure of New Registered As
	D. If amending ( added or removed	the general partner(s), <u>enter t</u> I fr <u>om our records</u> ;	the name and business address of es	ich general partner
	<u>Title</u>	Name	Address	Type of Action
,	<u>GP</u>	Laurich, Inc.	512 E, Washington Street Orlando, FL 32801	☐ Add ☑ Remove
	<u>GP</u>	Laurich, LLC L09-119339	390 N. Orange Avenue Suite 2400 Orlando, FL 32801	✓ Add ☐ Remove
				Add Remove
				Add Remove
	-			Add Remove
				Add Remove

l :		FAX NO. :	Apr. 2	20 2010 10:37AM
F	'. If amending any other in	formation, enter change(s)	here: (Attach additional s	hoets, if necessary.)
<del>,</del>		<u> </u>		
		<u></u>		
Effecti (Effectiv State,)	ve date, if other than the core date cannot be prior to nor n	late of filing: nore than 90 days after the date	this document is filed by the	: Florida Department of
Signat	ure(s) of a general partn	er or all general partner	· · ·	
removing	g a "limited liability limited pa	of the control of the	Cliapter 620, F.S., requires al	tnership is adding or I general partners to sig
	H.L.C FLORING LINE	• •	non sincenetti.)	
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<del></del>				E AS
Signatu	re(s) of all new or disso	ciating general partner(s	) if any	13 20 13 30 30 30 30 30 30 30 30 30 30 30 30 30
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