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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	ies of North Florida, Ltd p 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:
C. Randolph Coleman	·
Contact Person	
The Coleman Law Firm	
Firm/Company	٦ ٧
9250 Baymeadows Road, Suite 45	SOAAE
Address	ORE AH
Jacksonville, FL 32256	TAF
City, State and Zip Code	SEE SERVICE OF THE SE
giankaren@thecolemanlawfirm.ne	
E-mail address: (to be used for future annual report	·
For further information concerning this matter, p	blease call:
C. Randolph Coleman at (	904 ) 448-1969
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	105.00 Filing Fee Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

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

# Advanced Properties of North Florida, Ltd. Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifity 4/15/1998, assigned Florian assigned Florian areas as a section 620.1202, Florian areas as	icate was filed with the Florida Depa	rtment of State on
adopts the following certificate of amendment to		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the here:	limited partnership or limited liability	
		AREA T
New name must be distinguish	hable and contain an acceptable suffix.	ARY -
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		L.P. OFHILP:
B. If amending mailing address and/or princi principal office address here:	pal office address, enter new maili	ng afteress and/or
New Principal Office Address:	22 South Treasure Drive	
(Must be STREET address)	Tampa, FL 33609	·
New Mailing Address:	22 South Treasure Drive	
(May be post office box)	Tampa, FL 33609	
C. If amending the registered agent and/or regist new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip	Code

## 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 n	ame and	business	address o	f each	general	partner	being
<u>ado</u>	led or removed from our	records:	,							

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Prtnr</u>	G. Ronald Forsythe	22 S. Treasure Drive Tampa, FL 33609	_
Prtnr	Advanced Awning & Des	2155 Corporate Sq Blvd Suite 100 Jacksonville, FL 32216	ARETARY OF STATE  RESIDENT  Add  Remove  Add  Remove
ted partnership	partnership or limited liability p" status, enter change here: Partnership hereby elects to be		
This Limited	Partnership hereby removes its	"Limited Liability Limited Par	tnership" 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 cha	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days after State.)	r the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general p	<u>partners*:</u>
"*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners	stement. Chapter 620, F.S., requires all general parties to signification statement.)
	MAR CRETAHA
And took	SSS -
	mon B
	STATE LORID
Signature(s) of all new or dissociating general pa	artner(s), if any:
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By R fryth	· · ·
<del></del>	·
· · · · · · · · · · · · · · · · · · ·	•
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	