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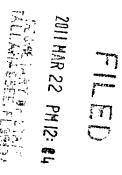
()	Requestor's Name)
(/	Address)
(,	Address)
()	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(£	Business Entity Name)
1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
	A. LUNT
	MAR 2 5 2010
E	EXAMINER

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COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: THE SCHREIBER 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:	
JAMES C. ELLIS	
Contact Person	
MCDANIEL AND ASSOCIATES, PC	3
Firm/Company	-
PO BOX 6356	
Address	3 3
Firm/Company PO BOX 6356 Address DOTHAN, AL 36302 City, State and Zip Code JELLIS@MCDANIELCPA.COM E-mail address: (to be used for future annual report portification)	- -
City, State and Zip Code	<u> </u>
JELLIS@MCDANIELCPA.COM	?
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
JAMES C. ELLISat (334)	
Name of Contact Person Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$52.50 Filing Fee S61.25 Filing Fee and Certified Copy Certified Copy, and Certificate of Status \$105.00 Filing Fee Certified Copy, and Certificate of Status	
TREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P. O. Box 6327	
661 Executive Center Circle Tallahassee, FL 32314 Callahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

THE SCHREIBER FAMILY LIMITED PARTNERSHIP Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620. limited liability limited partnership, whose	e certific	ate was filed with	the Florida D	epartment of	State of)n
NOVEMBER 6,1998, assig adopts the following certificate of amendr				9800000266 sip.	00	_,
This amendment is submitted to amend the following	lowing:				2011	
A. If amending name, enter the new name here:	of the lin	nited partnership o	<u>r limited liab</u>	llity limited p	ardiers R 22	hip ····
New name must be di Acceptable Limited Partnership suffixes: Limited I	-	ble and contain an acc		All parties	PH 12:	
Acceptable Limited Liability Limited Partnership s B. If amending mailing address and/or principal office address here:	suffixes: L	imited Liability Limited	d Partnership, I	731	en E	<u>'or</u>
New Principal Office Address (Must be STREET address)		2910 RUSS STR MARIANNA, FL			- -	
New Mailing Address: (May be post office box)		PO BOX 6356 DOTHAN, AL 36	302		- -	
C. If amending the registered agent and/or new registered agent and/or the new register Name of New Registered Agent:	red office		n our records	, enter the na	ame of	<u>the</u>
New Registered Office Address:	2910 F	RUSS STREET			-	
			a street addres			
	<u>-,</u>	MARIANNA City	, Flo ri da _	32447 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.

<u>Title</u>	<u>Name</u>	Address	Type of Action	2 PH 12:
MRS_	VIRGINIA SCHREIBER	3959-A OLD COTTONDALE RD. MARIANNA, FL 32448	Add Remove	2: 84
MR	JEROME SCHREIBER	251 QUAIL COVE LANE BRASSTOWN,NC 28902	Add Remove	
			_ Add _ Remove	
			_ Add _ Remove	
			_ Add _ Remove	
			_ Add _ Remove	
the limited d partnersh	partnership or limited liability ip" status, enter change here:		- -	l liabili

F. If amending any other info	ormandi, ei	ster coange(s) nere: (An	icu attamonat zu	eeus, y necessury.
. — 1889-1897—					7-74
Effective date, if other than the de (Effective date cannot be prior to nor me	ate of filing are than 90 di	ovs after the do	te this docum	ent is filed by the	
State.)	DIE HIMI 70 M	uya uyaci inc uu	ne ma avem	en is filed by the	Florida Depärtment of المناطقة
Signature(s) of a general partne	er or all ge	neral partne	ers*:		
(*NOTE: Only one current general part	mer is require	d to eign this d	locoment unla	ee the limited nad	Salaine Surani perchip is adding or
removing a "limited liability limited part	tnership" elec	tion statement.	Chapter 620	, F.S., requires all	general partners to sign
when adding or removing a "limited liab	oility limited p	partnership" ele	ection stateme	nt.)	
Mome S-					
				-	
,					
Signature(s) of all many or disease	datina aan		/a) 16 mmm.		
Signature(s) of all new or dissoc	iating gene	<u>erai partner</u>	(s), if any		
					
Filing Fee:	\$52,50				
Certified Copy (optional):	\$52.50				
Certificate of Status (optional):	\$8.75				