

A99000000247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

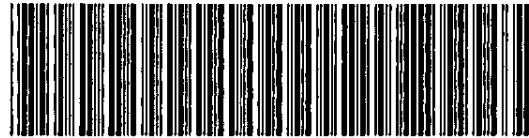
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/15/13--01022--004 **52.50

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13 FEB 15 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 18 2013

EXAMINER

RODGER B. KING

P.O. BOX 1008
TAMPA, FL 33601-1008

813-254-5464
813-254-5465 FAX
813-486-7447 MOBILE
rking007@gmail.com

February 11, 2012

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

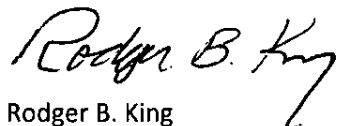
Re: Rodger B. King & Lester DeWall, Ltd.
Document #A99000000247

To whom it may concern:

In reference to the above captioned, please find enclosed an Amendment to Certificate of Limited Partnership along with a check in the amount of \$52.50 to cover filing fees.

If you should have any questions, please do not hesitate to contact me.

Sincerely,



Rodger B. King

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13 FEB 15 PM 12:24
TALLAHASSEE, FLORIDA

Amendment to Certificate of Limited Partnership
of
Rodger B. King & Lester DeWall, a Limited partnership

A 99000000247

We, the undersigned, desire to amend the limited partnership named above which was original established and filed on February 12, 1999. This amendment to the original document extends the term of the partnership from 10 years to 20 years.

Signature(s):	Printed Name	Date	Place
<u>Rodger B. King</u>	Rodger B. King	<u>2/6/2013</u>	<u>Tampa FL</u>
<u>Lester DeWall</u>	Lester DeWall	<u>28 Jan 13</u>	<u>Driver, CA</u>

State of California
County of Yolo

On 1/28/2013, before the undersigned, a Notary Public for the State of California, personally appeared **Lester DeWall**, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

My Commission Expires: NOV. 18, 2015

(Seal)

See Attached

Notary Signature

Fernando Soria

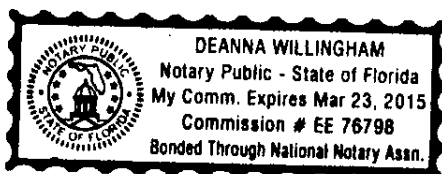
Notary Printed Name

State of Florida
County of Hillsborough

On Feb. 6, 2013, before the undersigned, a Notary Public for the State of Florida, personally appeared **Rodger B. King**, who is personally known to me or who has produced Florida Drivers License as identification and who did (did not) take an oath.
K520-722-44-1660

My Commission Expires:

(Seal)



Deanna Willingham

Notary Signature

Deanna Willingham

Notary Printed Name

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13 FEB 15 PM 12:24
CLERK OF THE COURT
HILLSBOROUGH COUNTY, FLORIDA

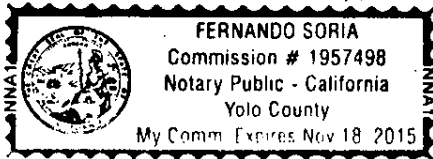
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of YOLO

On 1/28/13 before me, Fernando Soria (notary public)

personally appeared Lester E. Dewall



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Fernando Soria

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Amendment to Certificate of Limited Partnership

Document Date: 1/28/13 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
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