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(Requestor's Name)

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(City/State/Zip/Phone #)

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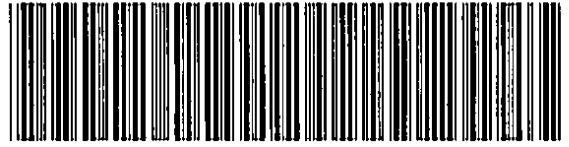
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulfport South 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:

Diane Minnix

Contact Person

PDR CPA's + Advisors

Firm/Company

4023 Tampa Road, Suite 2000

Address

Oldsmar, FL 34677

City, State and Zip Code

dminnix@pdr-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Minnix

Name of Contact Person

at ( 727 ) 785-4447

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



# KINGSPRY

February 25, 2020

**VIA CERTIFIED MAIL**

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

JEROME B. FRANK  
DONALD F. SPRY II  
KIRBY G. UPRIGHT, LLM, CPA  
KENT H. HERMAN  
TERENCE L. FAUL  
JOHN E. FREUND, III  
NICHOLAS NOEL, III  
GLENN M. HAZELTINE\*  
ALAN S. BATTISTI  
KEVIN C. REID\*  
PAUL S. FRANK  
BRIAN J. TAYLOR\*\*  
MICHAEL A. GAUL  
ELLEN C. SCHURDAK  
KRISTINE RODDICK  
REBECCA A. YOUNG  
DOROTA GASINICA-KOZAK  
JESSICA F. MOYER  
SCOTT J. GAUGLER  
MATTHEW T. TRANTER\*  
AVERY E. SMITH\*  
KEELY J. COLLINS  
KARLEY BIGGS SEBIA\*  
JONATHAN M. HUERTA  
RYAN K. FIELDS\*

Re: Gulfport South Limited Partnership  
Estate of John W. Wallace, Deceased  
DOD: 08/10/2018  
Our File No. 11025

Dear Sir or Madam:

This firm represents Shirley A. Wallace, the Executrix of the Estate of John W. Wallace, Deceased. Enclosed is an original death certificate and a short certificate evidencing the authority of Shirley A. Wallace to act as Executrix of the Estate. Also enclosed is an Authorization to Release Decedent Information, which has been signed by the Personal Representative.

John W. Wallace passed away on August 10, 2018. Ms. Wallace, in her capacity as General Partner of Gulfport South Limited Partnership, as well as Executrix of the Estate of John W. Wallace, Deceased, seeks to remove John W. Wallace as General Partner of Gulfport South Limited Partnership. Enclosed please find the applicable Cover Letter and Certificate of Amendment to Certificate of Limited Partnership in this regard. Also enclosed is a check, payable to "Florida Dept. of State", in the amount of \$113.75, representing the fee for filing and issuance of a Certified Copy and Certificate of Status.

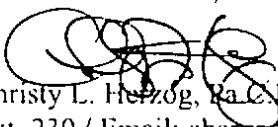
Please process the enclosed documents as soon as possible.

Should you require any additional information or documentation, please do not hesitate to contact us.

Thank you very much.

Very truly yours,

KING, SPRY, HERMAN,  
FREUND & FAUL, LLC

  
Christy L. Herzog, Pa.C.P. | Paralegal  
Ext. 230 / Email: cherzog@kingspry.com

/clh  
Enclosures  
c: Shirley A. Wallace  
Diane Minnix, PDR CPA's + Advisors

KING, SPRY, HERMAN, FREUND & FAUL, LLC • ATTORNEYS & COUNSELORS AT LAW  
ONE WEST BROAD STREET • SUITE 700 • BETHLEHEM, PA 18018 • TEL: 610-332-0390 • FAX: 610-332-0314

ALLENTOWN ❖ BETHLEHEM ❖ STROUDSBURG

{00728870}

www.kingspry.com

OF COUNSEL:  
E. DRUMMOND KING  
DOMENIC P. SBROCCHI  
JAMES J. RAVELLE, Ph.D., JD.  
KATHLEEN CONN, Ph.D., JD., LLM

AFFILIATED WITH:  
WEISS BURKARDT KRAMER, LLC  
PITTSBURGH, PA 15219

\*LICENSED IN PA AND NJ  
\*\*LICENSED IN PA AND NY

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

Gulfport South Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on November 19, 1999, assigned Florida document number A99000001926 adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
General Partner	John W. Wallace, Trustee	4101 Kirkland Village Circle Bethlehem, PA 18017	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			Note: Deceased on 08/10/2018 (see enclosed death certificate)
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE:** *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*

# AUTHORIZATION TO RELEASE INFORMATION

Re: Estate of John W. Wallace, Deceased  
Late of: 4101 Kirkland Village Circle, Bethlehem, PA 18017  
Date of Death: 08/10/2018 SS#: \*\*\*-\*\*-5177

I am the Executrix of the Estate of John W. Wallace, Deceased. I have retained the law firm of King, Spry, Herman, Freund & Faul, LLC, to represent and advise me in the administration of the above estate, and I am appointing my attorneys as my agent to collect information about the assets and liabilities of the decedent. **This authorizes you to accept any requests, whether oral or written, from my attorneys to disclose and provide all requested information to my attorneys, including to close and/or liquidate bank accounts (including, but not limited to checking, money market, savings and/or certificates of deposit) and/or investment accounts by issuing a check payable to the Estate of John W. Wallace, Deceased and mailing said check to my attorneys. You are authorized to accept the request from my attorneys to terminate services and request a final invoice. You are authorized to release all financial information to my attorneys, King, Spry, Herman, Freund & Faul, LLC, pertaining to the Decedent, John W. Wallace, and on behalf of the Estate of John W. Wallace, Deceased.**

**Further, this will serve as my consent and authorization to speak to my attorneys and provide written documentation (including payoff information/statements) to my attorneys regarding any assets including, but not limited to, bank accounts, securities and/or investment accounts, individual retirement accounts, pension plans, 401K plans, annuities, insurance policies, medical insurance, income tax returns and tax related documentation including, but not limited to end of year documentation (i.e., 1099s, etc.); and liabilities including, but not limited to, loans, mortgages, credit card accounts, unpaid medical bills, hospital bills, utility bills, insurance premiums (and disclosure of all payment information, claims and appeals, billing/enrollment and specific claims) for medical, automobile or homeowner's insurance or any other type of insurance not listed, etc., in the name of the Decedent, John W. Wallace, now and at any time during the course of the administration of the Estate of John W. Wallace, Deceased.**

**FURTHER, this authorizes the change of address on all of the above referenced assets and/or liabilities to my attorney's office: c/o Christy L. Herzog, Paralegal, King, Spry, Herman, Freund & Faul, LLC, One West Broad Street, Suite 700, Bethlehem, PA 18018.**

Attorney information is listed below:

Kirby G. Upright, Esquire, email: <a href="mailto:kupright@kingspry.com">kupright@kingspry.com</a>	King, Spry, Herman, Freund & Faul, LLC
Paul S. Frank, Esquire, email: <a href="mailto:pfrank@kingspry.com">pfrank@kingspry.com</a>	One West Broad Street, Suite 700
Ellen C. Schurdak, Esquire, email: <a href="mailto:ecs@kingspry.com">ecs@kingspry.com</a>	Bethlehem, Pennsylvania 18018
Ryan K. Fields, Esquire, email: <a href="mailto:rfields@kingspry.com">rfields@kingspry.com</a>	(610) - 332-0390 / (610) 332-0314 (fax)
Kelly J. Decker, Paralegal, email: <a href="mailto:kdecker@kingspry.com">kdecker@kingspry.com</a>	
Christy L. Herzog, Paralegal, email: <a href="mailto:cherzog@kingspry.com">cherzog@kingspry.com</a>	
Jillian Sheckler, Paralegal, email: <a href="mailto:jsheckler@kingspry.com">jsheckler@kingspry.com</a>	
Patricia A. Yetter, Paralegal, email: <a href="mailto:patti@kingspry.com">patti@kingspry.com</a>	
Suzanne Potoczak, Admin. Assistant, email: <a href="mailto:spotoczak@kingspry.com">spotoczak@kingspry.com</a>	

**YOU ARE AUTHORIZED TO ACCEPT A COPY OF THIS REQUEST FOR RELEASE OF INFORMATION IN LIEU OF THE ORIGINAL.**

Commonwealth of Pennsylvania :  
County of Northampton : SS

Sworn and subscribed to by  
Shirley A. Wallace before  
me this 19<sup>th</sup> day  
of March, 2019.

Shirley A. Wallace  
Shirley A. Wallace, Executrix of the Estate of John  
W. Wallace, Deceased (aka Shirley M. Wallace,  
Executrix of the Estate of John W. Wallace, Deceased)

  
Notary Public

Christy L. Herzog

Commonwealth of Pennsylvania - Notary Seal  
Christy L. Herzog, Notary Public  
Northampton County  
My Commission Expires April 21, 2022  
Commission Number 1255444

F. If amending any other information, enter change(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 the date this document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Shirley A. Wallace  
Shirley A. Wallace, Trustee  
Wallace Family Trust u/a/d 04/20/1999

**Signature(s) of all new or dissociating general partner(s), if any:**

Shirley A. Wallace  
Shirley A. Wallace, Executrix  
Estate of John W. Wallace, Deceased

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75