

BD4000000307

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SECRETARY OF STATE
INTEGRATION DIVISION

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIRST CHIMERA FUND LP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B04000000307

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELINDA SHUMAKER
(Name of Person)

HIRST FUND MANAGEMENT, LLC
(Firm/Company)

100 COLONIAL CENTER PKWY, STE 140
(Address)

LAKE MARY, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

SHIRA MCKINLAY at (407) 805-0800
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

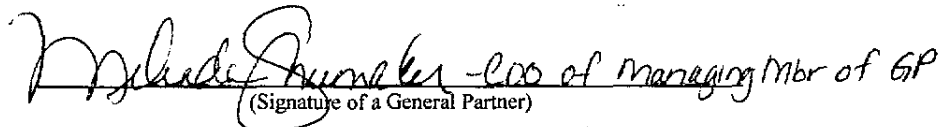
HIRST CHIMERA FUND LP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows: CHANGE GENERAL PARTNER FROM:
HIRST INVESTMENT MGMT INC, 100 COLONIAL CENTER PKWY, LAKE MARY FL 32746
TO:

HIRST FUND MGMT, LLC (A DELAWARE LLC REGISTERED IN FLORIDA)
100 COLONIAL CENTER PKWY, STE 140
LAKE MARY, FL 32746 MOA - 942


(Signature of a General Partner)

MELINDA SHUMAKER-COO FBO HIRST FUND MGMT LLC

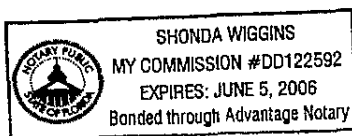
(Typed or printed name of General Partner signing above)

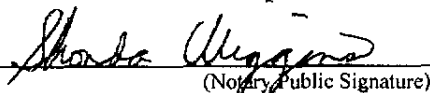
STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 20 day of JANUARY, 2005, MELINDA SHUMAKER personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____




(Notary Public Signature)

SHONDA WIGGINS

(Notary's Printed Name)

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SECRETARY OF STATE
ALLIANCE FLORIDA

FILED

Seal

My Commission Expires: