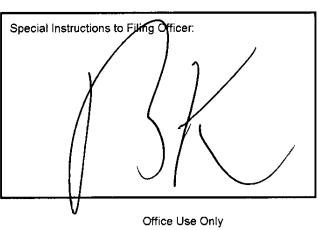
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(Req	questor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
(Bus	siness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to F	Hing Officer:





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SECRETARY OF STATE TO ACKNOWLEDGE
SECRETARY OF STATE
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Pacific Shoreline Investments, a Limited Partnership

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	_		10 30 S
Filing Evidence □ Plain/Confirmatio	n Copy	Type of Docume □ Certificate of Star	
□ Certified Copy		☐ Certificate of Goo	od Standing
		☐ Articles Only	
Retrieval Reque □ Photocopy □ Certified Copy	<u>st</u>	☐ All Charter Docu Articles & Amen ☐ Fictitious Name ©	dments
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Profit	X	Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability		Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
Other		Merger	
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	
		Other	

AMENDMENT TO CERTIFICATE OF AUTHORITY **FOR** FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

•	
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	TIFICATE OF AUTHORITY FOR
FOREIGN LIMITE	FIFICATE OF AUTHORITY FOR CD PARTNERSHIP OR LIMITED PARTNERSHIP imited liability limited partnership as it rtment of State is:
1. The name of the limited partnership or lappears on the records of the Florida Department Control of the Florida Department of the Pacific Shoreline Investment	
2. The jurisdiction of its formation is: \underline{Ca}	lifornia.
3. The date the entity was authorized to tra	ansact business in Florida is: 3-pl. 20,2001
4. If the amendment changes the name of t imited partnership, enter the new name:	the limited partnership or limited liability
Acceptable Limited Partnership suffixes: Limited P Acceptable Limited Liability Limited Partnership su or LLLP.	Partnership, Limited, L.P., LP, or Ltd. offixes: Limited Liability Limited Partnership, L.L.L.P.
5. If the amendment changes the general peach general partner:	artner(s), list the name and business address of
Name:	Business Address:
William S. Jones	5 Circle Oaks Trail Ormond Beach, FL 32174

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:				
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:				
Business Physical Address: 5 Circle Oaks Trail Ormond Beach, FL 32174				
8. If the amendment is to add or de partnership statement, check the ap	elete an election to be a limited liability limited propriate box:			
The entity elects to b	be a limited liability limited partnership.			
The entity is no longer a limited liability limited partnership.				
aforementioned amendment(s), duly	e, no more than 90 days olds, evidencing the y authenticated by the official having custody of allow of which this entity is organized.			
10. Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)	e date of filing: e than 90 days after the date this document is filed by the Florida			
Signature of a general partner:				
Typed or printed name:				
William S. Jones				
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			

State of California

Secretary of State

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED PARTNERSHIP

I, DEBRA BOWEN. Secretary of State of the State of California, hereby certify:

That on the 1st day of April, 2003, PACIFIC SHORELINE INVESTMENTS, A LIMITED PARTNERSHIP, became recognized under the laws of the State of California by filing its certificate of Limited Partnership in this office; and

That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this limited partnership.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 21, 2007.



Jehn Bowen

DEBRA BOWEN Secretary of State