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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000224527 3)))



HM10002245273ABCY

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 13 AM 8:29

7777

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
KINGSTONE FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$52.50

C. LEWIS

SEP 14 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is: KINGSTONE FAMILY LIMITED PARTNERSHIP B06000000064

2. The jurisdiction of its formation is: NEVADA

3. The date the entity was authorized to transact business in Florida is: February 3, 2006

4. The Certificate of Authority is hereby amended as follows:

- ☐ 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)

- ☐ 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)

- ☐ 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:
(Must be Florida STREET address)

If changing Registered Agent, new Registered Agent's Signature:

(((H11000224527 3)))

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)

- ☒ If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Name</u> (and doc # if applicable)	<u>Address</u>	<u>Type of Action</u>
<u>Brett Kingstone</u>	<u>8240 Exchange Dr, Ste Cloud 9</u> <u>Orlando, FL 32809</u>	<input type="checkbox"/> Add <input type="checkbox"/> Change <input checked="" type="checkbox"/> Remove
<u>B & M Kingstone, LLC*</u> <u>L11000039388</u>	<u>8240 Exchange Dr, Ste Cloud 9</u> <u>Orlando, FL 32809</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove

*The new general partner was initially a Nevada limited liability company (Nevada Entity #E0236482007-1) with authority to transact business in Florida (Florida Document #M10000001926), but it converted on April 1, 2011, to a Florida limited liability company (Florida Document #L11000039388).

(If any general partner is a business entity, it must be registered with the Florida Department of State, in which case provide the Florida document number)

- ☐ If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
- ☐ If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: _____
- ☐ If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:
- ☐ The entity elects to be a Limited Liability Limited Partnership.
- ☐ The entity is no longer a Limited Liability Limited Partnership.

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☐ Amending Other Information (enter changes here; attach additional sheets, if necessary)

5. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

6. 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.)

Signature(s) of general partner(s)*:

(*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.
All new or dissociating general partners must sign.)

NEW GENERAL PARTNER:
B & M KINGSTONE, LLC

By: _____

Brett M. Kingstone, as Manager

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TALLAHASSEE, FLORIDA

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STATE OF NEVADA

ROSS MILLER
Secretary of State



SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

July 20, 2011


Job Number: C20110719-3339
Reference Number: 00003177963-06
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
LP2278-1996-001	Certificate of Limited Partnership	2 Pages/1 Copies
20070353902-41	Amendment	1 Pages/1 Copies



Respectfully,


ROSS MILLER
Secretary of State

Certified By: Chris Thomann
Certificate Number: C20110719-3339
You may verify this certificate
online at <http://www.nvsos.gov/>

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

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STATE OF NEVADA
CERTIFICATE OF LIMITED PARTNERSHIP
 IMPORTANT—Read Instructions Attached Before Completing This Form.

(This certificate is presented for filing pursuant to Chapter 22 of NRS.)

—MUST BE SUBMITTED IN DUPLICATE—

Type or Print

1. Name of Limited Partnership: (Must contain the words Limited Partnership.)

KINGSTONE FAMILY LIMITED PARTNERSHIP

2. Street address of records office in Nevada:

516 4th Street

City and State

Las Vegas, NV

Zip Code

89125-2346

3. Name and street address of Agent for Service of Process:

Name CORPORATE SERVICES COMPANY

Address 516 4th Street

City Las Vegas

NEVADA

Zip Code 89125-2346

4. Name and address of each general partner: (Use continuation sheet if necessary.)

a. Brett M. Kingstone 7718 Dawberry Court, Orlando, Florida 32819

b.

c.

5. Latest date upon which limited partnership is to dissolve:

December 31, 2045

6. Any other matters the general partners desire to include in this certificate may be noted on separate pages and incorporated by reference herein as a part of this certificate.

No. of pages attached:

0

7. It is hereby declared that I am (we are) the person(s) who executed this Certificate of Limited Partnership, which execution is may (our) act and deed: (See instructions.)

General Partner

Date

General Partner

Date

BRETT M. KINGSTONE

General Partner

Date

General Partner

Date

General Partner

Date

General Partner

Date

Form LP-1-1 FILING FEE: \$125.00. (Approved by the Secretary of State.)

8. RETURN ACKNOWLEDGMENT TO:

NAME ANTHONY W. PALMA, ESQUIRE
 ADDRESS BROAD AND CASSEL
 CITY 390 NORTH ORANGE AVENUE, SUITE 1100
 STATE ORLANDO, FLORIDA 32801
 ZIP CODE

9. This space for Filing Officer use.
 (Date of Filing.)

FILED
 IN THE OFFICE OF THE
 SECRETARY OF STATE OF THE
 STATE OF NEVADA

DEC 27 1996

DEAN HELLER SECRETARY OF STATE

No.

11/2/96

(OVER)

DEAN HELLER
Secretary of State

STATE OF NEVADA
OFFICE OF THE SECRETARY OF STATE

**Certificate of Acceptance
of Appointment by
Resident Agent**

IN THE MATTER OF KINGSTONE FAMILY LIMITED PARTNERSHIP
Name of business entity

I, CSC Services of Nevada, Inc., with address at Suite _____
Name of Registered Agent

Street 502 East John Street

City of Carson City, State of Nevada, Zip Code 89706

(mailing address if different: _____)

hereby accept the appointment as resident agent of the above-named business entity.

December 5 19 96

By: Sylvia M. White
Signature of Resident Agent
Sylvia M. White, Authorized
Representative for CSC Services
of Nevada, Inc.

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STATE OF NEVADA

DEC 27 1996

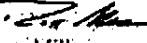
DEAN HELLER SECRETARY OF STATE

No. 172278-96

(((H11000224527 3)))



ROSS MILLER
Secretary of State
204 North Carson Street, Ste 1
Carson City, Nevada 89701-4299
(775) 684 5708
Website: secretaryofstate.biz

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20070353902-41 Filing Date and Time 05/22/2007 4:13 PM Entry Number LP2278-1996
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**Amendment to a
Limited Partnership**
(PURSUANT TO NRS 88.355)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Certificate of Limited Partnership
For a Nevada Limited Partnership
(Pursuant to NRS 88.355)

1. Name of limited partnership:

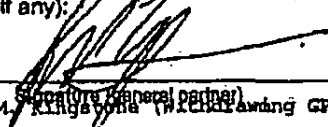
KINGSTONE FAMILY LIMITED PARTNERSHIP

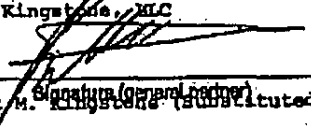
2. The certificate has been amended as follows (provide article numbers, if available)*:

Item 4. The name and address of each general partner.

B&M Kingstone, LLC, Nevada limited liability company
7718 Dawberry Court
Orlando, Florida 32819

3. Signatures (must be signed by an existing general and by any new general partners being added, if any):

X 
Brett M. Kingstone (Withdrawing GP)
X
Signature (general partner)

B&M Kingstone, LLC
By: 
Brett M. Kingstone (Substituted GP)
X
Signature (general partner)

- * 1) If amending name of limited partnership, the new name must contain the words "Limited Partnership," "L.P." or "LP."
2) If adding new general partners, provide name and addresses.

FILING FEE: \$175.00

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State AM 05-285 Amend 2007
Revised on 01/01/07

(((H11000224527 3)))