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Fax Number : (850) 617-6383

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521**-**1000

Fax Number

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

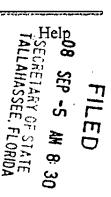
1997 JORDAN FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
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Corporate Filing Menu

EXAMINER



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

The name of the limited partnership appears on the records of the Florida's 1997 Jordan Family Limited Par	p or h Depar iners	imited liability limited partnership as it togent of State is: ship			
2. The jurisdiction of its formation is	A	FUFORNIA.	•		
3. The date the entity was authorized	to tra	nsact business in Florida is: 4/28/2006			·
4. If the emerginent changes the name limited partnership, enter the new many	e of ti	ne limited partnership or limited liability			
Acceptable Limited Partnership suffices: Limited Partners Acceptable Limited Liability Limited Partners or LLLP.	ted Po hip suj	prinership, Limited, L.P., J.P., or Ltd. fixes: Limited Liability Limited Partnership, L.L.L.P.			
5. If the amendment changes the general partner:	ral pa	rtner(s), list the name and business address of			
Name		Business Address:			
SCJ, Inc.		514 N. Baylen Street			
79700004bg	31	Pensacola, Florida 32602			
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	<u>-</u>			
6 To the sime and most changes the in	risdiction of organization, indicate new jurisdiction:			
7. If the amendment corrects any fa- statement being corrected and the co	ilse statement listed in the application, indicate the invection.			•
•				
		_		
		_		•
 If the amendment is to add or del partnership statement, check the app 	ete an election to be a limited liability fimited repriate box:			
The outity clears to be	e a limited liability limited partnership.	•		
The entity is no longe	a limited liability limited partnership.			
aforementioned amendment(s), daily	no more fian 90 days olds, evidencing the anthenticated by the official having custody of law of which this entity is organized.			
10. Effective date, if other than the Chifective date cannot be prior to nor more	date of filing: then 90 days after the date this document to filed by the Plortda	i		
Department of State				
Signature of a general pariner.	<u> </u> 			1
X	, , , , , , , , , , , , , , , , , , ,			
Typed or printed stame:	10			ŀ
STOPHEN C. JC	RUDAN, DRES SCJ, INC.			
Filing Peo: Certified Copy (optional):	\$52.50 \$52.50	IA I	80	
Certificate of States (optional):	\$8.75	LLA ACE	S	
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State of California Secretary of State



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

That the attached transcript of ______ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



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

AUG 2 9 2008

DEBRA BOWEN
Secretary of State



State of California Secretary of State

AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 27 2008

A 000 00 600 = 600 m	unt an annual thin fi	<u>.</u>			
A \$30.00 thing ree m	ust accompany this fi		This Soare	For Filing Use	Dalv
FILE NUMBER		nter the exact name of the li			
1. SEURETARY OF STATE FILE NUMBER	2. NAME OF LIMITED		Allera track countries.		
199722700010	1997 Jordan Family Limited Partnership				
8. CHECK HERE IF THE LIMITED PARTN LIMITED PARTNERSHIP ACT OF 2008.	ERSHIP WAS FORMED F	PRIOR TO JANUARY 1, 200	9 AND HAS ELECTED TO B	E GOVERNED	BY THE UNIFORM
IYEMS 4 THROUGH 14: Complete ONL bridged may be made on an attachment to the					
ENTITY NAME AS AMENDED (End the	name with the words "Lim	ited Partnership" or the abb	mvlation "L.P.")		
4. NAME OF LIMITED PARTNERSHIP					
PRINCIPAL EXECUTIVE OFFICE ADD	RESS or DESIGNAT	ED OFFICE ADDRESS	N CALIFORNIA		
S. ADDREES		· · · · · ·	TTY	STATE	ZIP CODE
AGENT FOR SERVICE OF PROCESS (tem 7 blank)	(II the agent is an incivin	imi, complete both items 6 i	and 7. If the agent is a corpo	retion, complet	s Item 6 and leave
8. NAME OF AGENT FOR SERVICE OF PROCE	5S		,		
7. IF AN INDIVIOUAL, ADDRESS OF AGENT FO	R SERVICE OF PROCESS	IN CALIFORNIA C	πY	STATE GA	ZP C005
		~	Company of the state of the sta		
GENERAL PARTNER INFORMATION (NEW PAR NEK AU		ME CHANGE, BROOTU	STATE	ZIP CODE
Partner					
	<u>514 N. Baylen Str</u>		Pensacola	<u> </u>	32502
9. Address NAME Ohanga	ADDRESS	ď	ΤΥ	STATE	ZIP COOS
10. Name FROM: Change	- <u>!</u>	11. General Parties C	essation/Dissociation	•	
TO:		NAME: Stephar			
DISSOLUTION (item 12 may be checked if it	.	verned by the Uniform Limit	ed Partnership Act of 2006 a	nd has dissolve	id.)
12. THE LIMITED PARTNERSHIP IS DISSOLV	BD.				
AUTHORIZED PERSON (Enter the name partnership is governed by the Uniform Limited P	and address of the perso	n authorized to wind up the	allalia of the limited partner	ship, and if the	bettmil beviceelb
13. NAME	ADORESS	t C). C).		BTATE	ZIP CODE
14. THE LIMITED PARTNERSHIP DOES NO	OT HAVE A GENERAL PA	ARTNER.	· · · · · · · · · · · · · · · · · · ·		
EXECUTION (This certificate must be algoring signatures may be made on an attachment to this	s certificato.)			gnature space	is necessary, the
15. I DECLARE I AM THE PERSON WHO EXECUTE 7/31/08 DATE	ED THIS INSTRUMENT, W	HICH EXECUTION IS MY AC	tand deed.		-
		Stepher	n C. Jordan		ļ
SIGNATURE OF GENERAL PARTITUR			VAME OF GENERAL PARTNE	R	
- $(///)$			n C. Joxdan, as		aff at scj
SIGNATURE OF GENERAL PARTIMER		TYPE OR PRINT	NAME OF GENERAL PARTNE	/ \ 	- /m/
LP-2 (REV 01/2008)			APPI	POVED BY SEE	RETAIN OF STATE
				S FILE	60 /J L.

LP-2