

BO8000000067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

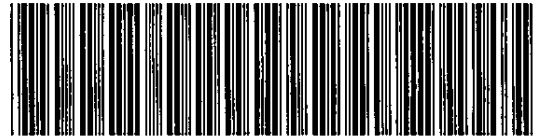
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



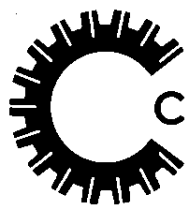
500304448015

10/17/17--01030--003 **52.50

17 OCT 07 PM 4:49
TALLAHASSEE, FLORIDA

OCT 19 2017

Y COUNTER



Cornerstone Support, Inc.

LICENSING • INSURANCE • COMPLIANCE

Florida Division of Corporations
New Filing Section/Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

October 16, 2017

Florida Division of Corporations,

Please find enclosed the Florida Change form for L.P. and fee for Paramount Recovery Systems, L.P. This is to update the ownership and the address. They have hired Cornerstone Support, Inc. to assist them in the filing of these applications.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me at (770) 587-4595 or plyons@cornerstonesupport.com

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof. They have hired Cornerstone Support, Inc. to assist them in the filing of this application.

Sincerely,

Paige Lyons
Renewal Specialist
Cornerstone Support, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paramount Recovery Systems, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Paige Lyons

Contact Person

Cornerstone Support, Inc.

Firm/Company

70 Mansell Court ste. 250

Address

Roswell, GA 30076

City, State and Zip Code

plyons@cornerstonesupport.com

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

For further information concerning this matter, please call:

Paige Lyons

Name of Contact Person

at (678) 740.0485

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**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:

Paramount Recovery Systems, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B08000000067

2. The jurisdiction of its formation is: Texas

3. The date the entity was authorized to transact business in Florida is: 03/2008

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

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:

ADDRESS UPDATE: old address-105 Deanna Street, Robinson, TX 76706

new address: 7524 Bosque Blvd., Suite L, Waco, TX 76712

OWNERSHIP UPDATE: old ownership- Mark McLean 47%, Margie McLean 26%, D. Michael McLean 26%, M.A.C.S., Inc. 1%

new ownership- Mark McLean 99%, M.A.C.S., Inc. 1%

8. 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.

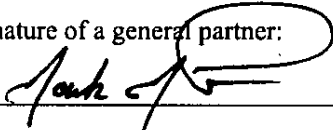
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. 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 of a general partner:



Typed or printed name:

Mark A McLean

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

RECEIVED
FEB 14 2007
FEB 14 2007
FEB 14 2007