B08000000155

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| (Addiess) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (During Falls, Name) |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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ALL SEP 13 PM 1: 35

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: NF 110 Tallahassee Limited Partnership 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: Stacey Busch Contact Person **CT** Corporation Firm/Company 120 S. Central Ave, Suite 400 Address Clayton, MO 63105 City, State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stacey Busch Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing Fee, and Certificate of Certified Copy, and and Certified Copy Certificate of Status Status STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P. O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



RECEIVEL 2017 SEP 13 PM 4: 99

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALLAMÁSSET A CORIDA

August 30, 2017

STACEY BUSCH CT CORPORATION 120 S CENTRAL AVE, SUITE 400 CLAYTON, MO 63105

SUBJECT: NF 110 TALLAHASSEE LIMITED PARTNERSHIP

Ref. Number: B08000000155

We have received your document for NF 110 TALLAHASSEE LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FOREIGN LP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00017926



AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| The name of the limited partnership or lithe Florida Department of State is: NF 110 Tallahassee Limited Partnership | imited liability limited partnership as it appe | ars on the records of |
|---|--|------------------------------|
| 2. Document Number of Foreign Limited F | Partnership or Limited Liability Limited Part | nership: <u>B08000000155</u> |
| 2. The jurisdiction of its formation is: Delaw | are | <u></u> |
| 3. The date the entity was authorized to tra | insact business in Florida is: 07/07/2008 | |
| 4. If the amendment changes the name of the new name: | he limited partnership or limited liability lin | nited partnership, enter |
| | imited Partnership, Limited, L.P., LP, or Ltd ership suffixes: Limited Liability Limited Pa | |
| 5. If the amendment changes the general pane: | artner(s), list the name and business address <u>Business Address:</u> | of each general partner: |
| NF 105 Development GP LLC | 3819 Maple Avenue | Add |
| | Dallas, TX 75219 | ⊠Remove Change |
| NF 105 Development GP LLC | 3889 Maple Avenue, Suite 200 | ✓Add |
| | Dallas, TX 75219 | ☐Remove ☐Change |
| | | Add |
| | | Remove Change |
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| 6. If the amendment changes the jurisdic | tion of organization, indicate new jurisdiction: | |
|--|--|----------------------|
| 7. If the amendment corrects any false state corrected and the correction: | atement listed in the application, indicate the statement being | |
| Prinicipal Address changed | to 3889 Maple Avenue, Suite 200 | |
| Dallas, TX 75219 | | |
| Mailing Address changed to | 3889 Maple Avenue, Suite 200 | |
| Dallas, TX 75219 | | |
| 8. If the amendment is to add or delete ar the appropriate box: | n election to be a limited liability limited partnership statemen | it, check |
| The entity elects to be a | limited liability limited partnership. | |
| The entity is no longer a | limited liability limited partnership. | |
| | nore than 90 days olds, evidencing the aforementioned official having custody of records in the jurisdiction under the | a law of |
| 10. Effective date, if other than the date of (Effective date cannot be prior to nor mor Department of State.) | of filing: re than 90 days after the date this document is filed by the Flo | vida |
| Signature of a general partner: | | |
| Typed or printed name: Nadia Petrova | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): \$8.75 | \$52.50 \$52.50 | 29 |
| | in a second of the second of t | 2841 SEP 13 PH 1: 36 |