Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002366583)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

; (850)878-5368 Fax Number

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

Email	Address	:			

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

manner in section in the properties of the contraction of the contract

MASTER PROTECTION, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

A. LUNT

SEP 29 2011

EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporations		
er i m		•	Master Protection, LP	
SOB	ECT:	ame of Foreign Limited Pa	artnership or Limited Liabil	ity Limited Partnership
The e		dment and fee(s) are su		
Please	e return all cor	respondence concernir	ig this matter to:	
		Contact Person		
		CT Corporation System		
		Firm/Company		
	1203 Gc	overnors Square Blvd., Suit	e 101	
		Address		
		Tallahassee, FL 32301		
		City, State and Zip Code		
F	-mail address: (to	be used for future annual	report notification)	
For fi	arther informa	tion concerning this ma	atter, please call:	
			at ()	
	Name of Co	ntact Person	Area Code and Dayti	ime Telephone Number
Enclo	sed is a check	for the following amo-	unt:	
⊠ \$52	2.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regis Divis Clifto 2661	EET ADDREST stration Section ion of Corpora on Building Executive Cer hassee, FL 32	n ntions nter Circle	MAILING A Registration Division of 0 P. O. Box 63 Tallahassee,	Section Corporations 327

FILED MIDE

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

1. The name of the limited partnership appears on the records of the Florida De	or limited liability limited partnership as it epartment of State is:
Masi	ster Protection, LP
2. The jurisdiction of its formation is:	Delaware
3. The date the entity was authorized to	o transact business in Florida is: 09/08/2010
4. If the amendment changes the name limited partnership, enter the new name	of the limited partnership or limited liability : no change
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh or LLLP.	ted Partnership, Limited, L.P., LP, or Ltd. hip suffixes: Limited Liability Limited Partnership, L.L.L.P.
5. If the amendment changes the general each general partner:	ral partner(s), list the name and business address
Name:	Business Address:
Simplex Time Recorder Co.	1501 Yamato Road P 23307 Boca Raton, FL 33431

Page 1 of 2

	no change	
7. If the amendment corrects any statement being corrected and the	false statement listed in the application, indicate the correction:	e
-		
1/8		
8. If the amendment is to add or a partnership statement, check the a	delete an election to be a limited liability limited appropriate box:	AHASSE
The entity elects to	be a limited liability limited partnership.	
The entity is no los	nger a limited liability limited partnership.	FLORIDA
aforementioned amendment(s), de	ate, no more than 90 days olds, evidencing the uly authenticated by the official having custody of he law of which this entity is organized.	יער
10. Effective date, if other than the (Effective date cannot be prior to nor me Department of State.)	he date of filing: ore than 90 days after the date this document is filed by the Fi	lorida
Signature of a general partner:		
Typed or printed name:		
Chris Maxie, VP of Simplex Time Reco	order Co., GP	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\$8.75

Certificate of Status (optional):