B170000045

(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:				





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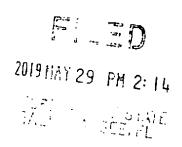
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COVER LETTER

	Registration S Division of Co					
SUBJE	cct: Danie	ls Brookshire (Ft	Myers), L	.Р		
		Name of Limited Partners	ship or Limited L	iability Lir	nited Partnership	
The end	closed Stateme	ent of Correction and f	fee(s) are subn	nitted for	filing.	
Please	return all corre	espondence concerning	g this matter to):		
Ceil (G. Peterss	on				
		Contact Person				
Cushi	ng, Morris,	Armbruster & Mon	tgomery, LL	.P		
		Firm/Company				
191 Peachtree Street, N.E Suite 4500						
		Address				
Atlan	ta, Georgia	a 30303				
	С	ity. State and Zip Code				
shan	shannon@sjcollinsent.com					
E-r	nail address: (to l	be used for future annual r	eport notification)		
For further information concerning this matter, please call:						
Ceil (G. Peterss	on	_{at (} 404	,521	-2323	
	Name of Contac	t Person			ime Telephone Number	
Enclose	ed is a check f	or the following amou	nt:			
\$52.5	50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Fi		S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:			MAILING ADDRESS:			
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327 Tallahassee, FL 32314			
2661 Executive Center Circle Tallahassee, FL 32301			1 3113	massee, F	1. 32314	
ranana	13344.1 12 3431	/ I				



STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Daniels Brookshire (Ft, Myers), LP
Insert name currently on file with Florida Department of State
B17000000045
Florida Document Number of Limited Partnership or Limited Liability Limited Partnership
Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.
FIRST: The reason for filing this statement of correction is: The record contained false or erroneous information. The record was defectively signed.
SECOND: This statement corrects Application by Foreign Limited Partnership to Transact Business in Florida
Specify document type being corrected filed with the Florida Department of State on February 21, 2017
Insert date document filed with Dept. of State
THIRD: The false or erroneous information or defect is as follows: Federal Employer Identification Number - 81-5314735
FOURTH: The false or erroneous information or defect is corrected as follows: Federal Employer Identification Number - 81-3256354

	to be a limited liability limited partnership statement, all general general general general partner(s), the new general partner(s) must sign).
Daniels Brookshire (Ft. Myers) GP, LLC By: Stephen J. Collins, its Manager	<u>-</u>
Signature(s) of <u>new</u> general partner	r(s). if any:
registered agent must sign accepting the I hereby accept the appointment as regis to comply with the provisions of all state	plicable: (NOTE: if correcting the registered agent, the new e designation below) stered agent and agree to act in this capacity. I further agree to the proper and complete performance of my to the obligations of my position as registered agent.
Signat	ture of Registered Agent
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75