

B96000000441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

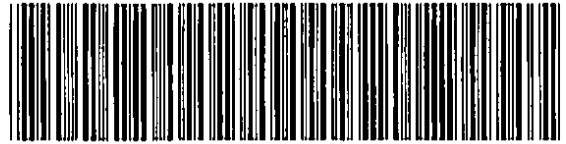
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500322192275

12/27/18--01005--016 **113.75

RECEIVED

DEC 26 2018

JAN 08 2019
S. YOUNG

FILED
18 DEC 26 PM 6:28
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFEMARK SYSTEMS, LP
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:

ANDREW H. KINDFULLER
Contact Person

SAFEMARK SYSTEMS, LP
Firm/Company

200 W SAND LAKE RD, #800
Address

ORLANDO FL 32809
City, State and Zip Code

SBORREBO@SAFEMARK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STAR BORREBO at (407) 472-4086
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 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

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

FILED
18 DEC 26 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

SAFEMARK SYSTEMS, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B96000000441

2. The jurisdiction of its formation is: DELAWARE

3. The date the entity was authorized to transact business in Florida is: 11/21/1996

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.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:

Steven G. Sapp

2101 Park Center Drive, Suite #150

☐ Add

☒ Remove

☐ Change

Orlando, FL 32835

Andrew H. Kindfuller

200 W Sand Lake Road, Suite #800

☒ Add

☐ Remove

☐ Change

Orlando, FL 32809

Stephen A. Tucker

200 W Sand Lake Road, Suite #800

☒ Add

☐ Remove

☐ Change

Orlando, FL 32809

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

FILED
18 DEC 26 PM 6:28
TALLAHASSEE, FLORIDA

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:

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: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

Stephen A. Tucker

Typed or printed name:

STEPHEN A. TUCKER

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
18 DEC 26 PM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA