

A040000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

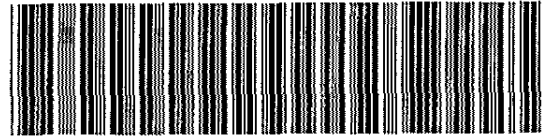
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*AK*

Office Use Only



300047918823

FILED

05 MAR 15 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 MAR 15 PM 1:17

RECORDS & COMMUNICATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 247637 7476505  
AUTHORIZATION : *Patricia Pigott*  
COST LIMIT : \$ 35.00

FILED  
05 MAR 15 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 9, 2005

ORDER TIME : 10:50 AM

ORDER NO. : 247637-015

CUSTOMER NO: 7476505

CUSTOMER: Mr. J. Kemp Brinson  
Straughn, Straughn & Turner,  
Po Box 2295

Winter Haven, FL 33883-2295

CHANGE OF AGENT

NAME: GB LIMITED PARTNERSHIP, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: \_\_\_\_\_

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GB LIMITED PARTNERSHIP, LLLP  
Name of the limited partnership

2. 01/08/2004 3. A04000000040  
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

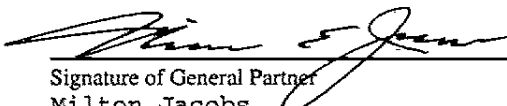
Robert R. Crittenden  
Name  
103 Avenue A. N.W.  
Address  
Winter Haven, FL 33881  
City, State and Zip

**FILED**  
05 MAR 15 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

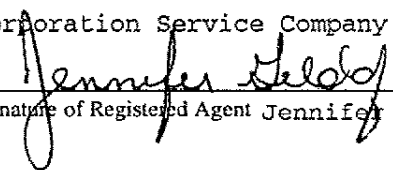
Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner  
Milton Jacobs

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company

  
Signature of Registered Agent Jennifer A. Geldof, Asst. VP

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**