

3/16/2016

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Barnet' Bolt

Division of Corporations

No. 8928 P. 1

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCHER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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

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**REGISTERED AGENT CHANGE
5C OF CENTRAL FLORIDA, LLLP**

Certificate of Status	1
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MAR 17 2016

J. BRUCE

H16000067467

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. 5C of Central Florida, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/28/1999 3. A99000000706
Date of filing/registration in Florida Florida document number

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

Ida Raye Chernin
Name
571 West Kings Highway
Address
Center Hill, FL 33514
City, State and Zip

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

Leslie J. Barnett
Name
601 Bayshore Boulevard, Suite 700
Florida street address (P.O. Box not acceptable)
Tampa FL 33606
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Ida Raye Chernin
Signature of General Partner

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 an accept the obligations of my position as registered agent.

Leslie J. Barnett
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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