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TO: Amendment Section  
Division of Corporations

SUBJECT: Bredel Family Limited Partnership  
(Name of corporation)

DOCUMENT NUMBER: A01000001194

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Serena Vestinos, Director of Legal and Contract Services  
(Name of person)

Bredel Corporation  
(Name of firm/company)

2637 McCormick Drive  
(Address)

Clearwater, FL 33759  
(City/state and zip code)

For further information concerning this matter, please call:

Serena Vestinos at ( 727 ) 669-4522, ext. 1133  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 19, 2002

SERENA VESTINOS, DIRECTOR OF LEGAL AND CONTRACT SERVICE  
BREDEL CORPORATION  
2637 MCCORMICK DRIVE  
CLEARWATER, FL 33759

SUBJECT: BREDEL FAMILY LIMITED PARTNERSHIP  
Ref. Number: A01000001194

We have received your document for BREDEL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the address in section 5 of your form.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 302A00053360

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bredel Family Limited Partnership
2. The principal office address: 1300 N. Westshore Blvd., Suite 100, Tampa, FL 33759
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/5/2001 Document number: A01000001194
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Temple H. Drummond, Esq.  
100 S. Ashley Drive, Suite 1500  
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
The Law Offices of Christopher P. Calkin, P.A.  
Westshore Center, 1715 N. Westshore Blvd., Suite 918  
(P.O. Box or personal mailbox NOT acceptable)  
Tampa, FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

Bobby L. Coates  
(Signature of an officer, chairman or vice chairman of the board)

Bobby L. Coates, President & CEO  
(Printed or typed name and title)

*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 obligation 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 corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

10/2/02  
(Date)

If signing on behalf of an entity:

Christopher P. Calkin

(Typed or Printed Name)

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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