

A04000000681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

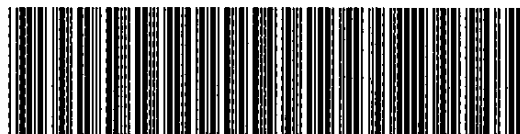
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 11 PM 1:14

B. Tealock SEP 18 2006

**Guerrini Family Limited Partnership
9545 N Florida Ave
Tampa, FL 33612
813-933-6571 Ext. 1003
FAX: 813-935-8234**

September 6, 2006

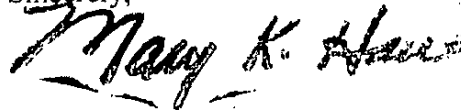
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Registered Agent Changes – Guerrini Corporation and
Guerrini Family Limited Partnership

Gentlemen:

Enclosed are forms for changes of registered agent for Guerrini Corporation and Guerrini Family Limited Partnership. Also enclosed is our check in the amount of \$70.00 in payment of the filing fees.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary K. Haire". The signature is written in a cursive, flowing style with a horizontal line underneath the name.

Mary K. Haire, Vice President
Guerrini Corporation, General Partner

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Guerrini Family Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A04000000681

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

Please return all correspondence concerning this matter to:

Mary K. Haire, Vice President

(Contact Person)

Guerrini Corporation

(Firm/Company)

9545 N. Florida Avenue

(Address)

Tampa, FL 33612

(City, State and Zip Code)

For further information concerning this matter, please call:

Mary K. Haire

(Name of Contact Person)

at (813) 933-6571

(Area Code and Daytime Telephone Number)

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

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

INHS04 (01/06)

**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. Guerrini Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/23/04

Date of filing/registration in Florida

3. A04000000681

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:

Lindell F. Shrum, II

Name

9545 N. Florida Avenue

Address

Tampa, FL 33612

City, State and Zip

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

Geoffrey Todd Hodges, Esq.

Name

9545 N. Florida Avenue

Florida street address (P.O. Box not acceptable)

Tampa, FL 33612

FL

City, State and Zip

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

Mary K. Haise, V.P. Guerrini Corp., General Partner
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 and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS