

A93000001064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 16 AM 10:49

APPROVED
AND
FILED

BRETT HENDEE, P.A.
ATTORNEY AT LAW
1700 South MacDill Avenue, Suite 200
Tampa, Florida 33629-5218
(813) 258-1177 • (813) 259-1106 Fax
bhendee@bretthendee.com

CERTIFIED MAIL RECEIPT #7005 1160 0002 9100 5199
RETURN RECEIPT REQUESTED

March 9, 2006

Division of Corporations
Florida Secretary of State
P.O. Box 6327
Tallahassee FL 32314

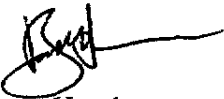
RE: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find a Change of Registered Agent for Olsen Family Partnership, LLLP and a check in the amount of \$35.00 payable to the Florida Department of State. Accordingly, please file the document.

Please call me at 813-258-1177 should you have any questions or require further information.

Sincerely,



Brett Hendee

Enclosure

**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. Olsen Family Partnership, LLLP

Name of the limited partnership

2. October 14, 1993

Date of filing/registration in Florida

3. A93000001064

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:

Stanley C. Olsen

Name

2600 W Black Diamond Circle

Address

Lecanto, FL 34461

City, State and Zip

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

Marina Taylor

Name

2600 W. Black Diamond Circle

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

Lecanto

FL 34461

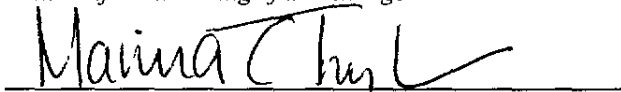
City, State and Zip

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



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. 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.



Signature of Registered Agent

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

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