

A99000001524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

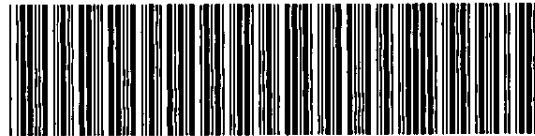
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baroudi Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001524

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:

Jack O. Hackett II

Contact Person

Farr, Farr, Emerich, Hackett and Carr, PA

Firm/Company

99 Nesbit Street

Address

Punta Gorda FL 33950

City, State and Zip Code

jwayne@farr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack O. Hackett II

Name of Contact Person

at (941)

Area Code and Daytime Telephone Number

639-1158

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

**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. Baroudi Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. September 20, 1999 3. A99000001524
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:

Issa F. Baroudi, M.D.
Name
3222 Tamiami Trail
Address
Port Charlotte, FL 33952
City, State and Zip

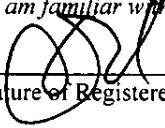
5. The name and Florida street address of the new registered agent and/or office:

Jack O. Hackett II
Name
99 Nesbit Street
Florida street address (P.O. Box not acceptable)
Punta Gorda FL 33950
City, State and Zip

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


Signature of General Partner Issa F. Baroudi

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 of Registered Agent Jack O. Hackett II

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

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