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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016 S. YOUNG

## **COVER LETTER**

	ation Section n of Corporations			
SUBJECT: O	lsen Family Partnership V,	LLC		
	Name	of Limited I	Liability Company	
Dear Sir or Mad	dam:			
The enclosed Re	egistered Agent/Registered Offic	e Change and	d fee(s) are submitted for filing.	
Please return al	l correspondence concerning this	matter to the	e following:	
Marina C. Ta	ylor			
	Name of Person	<del></del>	<del></del>	→ ĀS
Olsen Family	Partnership V, LLC			TE MAY -2
	Firm/Company			
PO Box 2050	)			PH F
	Address			L'ORIDA
Lecanto, FL	34461			
	City/State and Zip Code		<del></del>	
mtaylor@wra	anglerholdings.com			
E-mail add	dress: (to be used for future annu	al report noti	fication)	
For further info	rmation concerning this matter, p	lease call:		
Marina C. Ta	ylor	352	746-4000	
	Name of Person	_ ~ (	Area Code & Daytime Telephone	Number
Registra Division Clifton 2661 Ex	etr/Courier address: ation Section n of Corporations Building secutive Center Circle ssee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclose	ed is a check for the following a	mount:		
<b>2</b> \$25 i	Filing Fee	<b>-</b> 9	S55 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: Olsen Family	Partne	rship V, l	LC	
(a)	3991 W. Gulf to Lakes Highway	(b	PO Box	¢ 2050	
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		) <u> </u>	liability company: OFFICE BOX	
	Lecanto, FL 34461		Lecanto	o, FL 34460	
	12/17/1998		L160000	33413	
	Date of filing/registration in Florida	4.		Document number	
(a)	Marina C. Taylor				
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Sta	te:	:- <b>4</b>
	3991 W. Gulf to Lakes Highway				5 PALL
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	_	AHAS
	Lecanto , FI	34461		- -	SSEE. PH
(b)	Brett Hendee, Esq.			_	# 54 LOBERT
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ad	<u>dress</u> :		124
	1700 S. MacDill Avenue				
	NEW Registered Office Address:			<del></del>	
	Suite 200			_	
	Tampa , FI	_33629-	-5218		
cha nt v s/we arti	imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registiability considerated from the limited length of the	stered offic ompany, it lited liabili	te and the business off is hereby confirmed the ty company or as other mpany.  aylor	rice of the register (at the change(s) rwise provided in
-	ture of a member or authorized representative of a member	,		Printed or typed name of	_
erei visi obl nere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in witten of this change	ree to act e perform ed for in C hereby co	in inis cap ance of my Chapter 60 onfirm that	oucity. I juriner agree duties, and I am fami 5, F.S. Or, if this doci the limited liability co	to comply with the liar with and acce ument is being file ompany has been

Signature of Registered Agent