

P04-000068257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

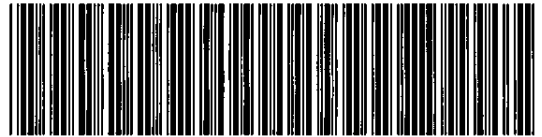
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA chs
sf

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

September 6, 2006

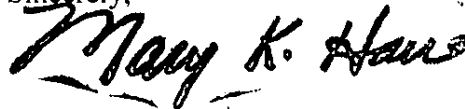
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 that reads "Mary K. Haire". The signature is written in a cursive style with a large, stylized "M" and "H".

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Guerrini Corporation
(Name of Corporation)

DOCUMENT NUMBER: P04000068257

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:

Mary K. Haire
(Name of Contact Person)

(Firm/Company)

9545 N. Florida Avenue, Tampa, FL 33612
(Address)

Tampa, FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary K. Haire at (813) 933-6571
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Guerrini Corporation
2. The principal office address: 9545 N. Florida Avenue, Tampa, FL 33612
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/21/04 Document number: P04000068257
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lindell F. Shrum, II

9545 N. Florida Avenue, Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Geoffrey Todd Hodges, Esq.

9545 N. Florida Avenue, Tampa, FL 33612

(P.O. Box NOT acceptable)

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 so authorized by the board, or the corporation has been notified in writing of the change.

Mary K. Haire
(Signature of an officer or director)

Mary K. Haire, Vice President
(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)

9/5/06
(Date)

☒ If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA