

AOL 0000000781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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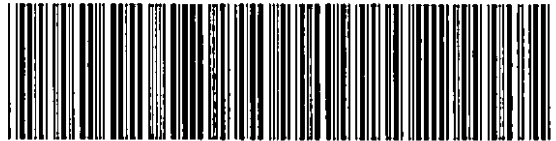
(Business Entity Name)

(Document Number)

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MAY 20 2020

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MASPONS CORAL PLAZA, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000006781

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:

MARIA MASPONS

Contact Person

MASPONS CORAL PLAZA, LLLP

Firm/Company

9901 SW 60TH COURT

Address

PINECREST, FL 33156

City, State and Zip Code

MERCYMASP@aol.com

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

For further information concerning this matter, please call:

MARIA MASPONS

at (305) 318-3737

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. MASPONS CORAL PLAZA, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/15/2006

Date of filing/registration in Florida

3. A06000000781

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:

M&S CORPORATE SERVICES, LLC

Name

2333 PONCE DE LEON BLVD., SUITE 314

Address

CORAL GABLES, FL 33134

City, State and Zip

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

MAS CORPORATE SERVICES, LLC

Name

232 ANDALUSIA AVENUE, SUITE 200

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

CORAL GABLES FL 33134

City, State and Zip

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

[Signature]

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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