Requestor's Name) (Address)	03/04/2001010002 **35.00			
(Address) (City/State/Zip/Phone #)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	APR 08 2020 S. YOUNS			



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2020

TOM LONCAR REILLY, FISHER & SOLOMON, PA 4950 WEST KENNEDY BLVD STE 610 TAMPA, FL 33609

SUBJECT: ST. LOUIS INVESTMENT PARTNERS, LLLP Ref. Number: A06000001515

We have received your document for ST. LOUIS INVESTMENT PARTNERS, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 520A00006422

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: <u>ST. LOUIS Investment Partners</u>, LLLP Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: \_\_\_\_\_\_A06 00000 1515\_\_\_\_

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:

TomLoncer
Contact Person
Reilly Fisher & Solomon, PA Firm/Company
Firm/Company
4950 West Kennedy Blvd., Suite 610
Address
Tampa, FL 33609
City, State and Zip Code
tloncar Orfs -pa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TomLoniar	at ( 813 ) 491-0005
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.

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:



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

TomLoncar
Name
4950 West Kennedy Blad Suite 610
Florida street address (P.O. Box not acceptable)
Tampa FL 33609
City. State and Zip

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

MSM M Dendem 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 an accept the obligations of my position as registered agent.

fair

Signature of Registered Ager

Filing Fee:	\$35.00	Already	pnz	Su	Attached
Certified Copy (optional):	\$52.50		-		