

A 07000000359

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(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

SUBJECT: Morgan Parsons Center, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000000359

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:

Mark Rosenthal

Contact Person

Morgan Parsons Center, LLLP

Firm/Company

3310 W Cypress Street Suite 202

Address

Tampa, Florida 33607

City, State and Zip Code

info@msr-management.com

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

For further information concerning this matter, please call:

Mark Rosenthal

Name of Contact Person

at (813)

935-9364

Area Code and Daytime Telephone Number

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. Morgan Parsons Center, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/23/2007
Date of filing/registration in Florida

3. A07000000359
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:

Mark Rosenthal
Name
8000 North Armenia, Suite E
Address
Tampa, Florida 33604
City, State and Zip

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

Mark Rosenthal
Name
3310 West Cypress Street Suite 202
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
City, State and Zip

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


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 of Registered Agent

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

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