

A07000000631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

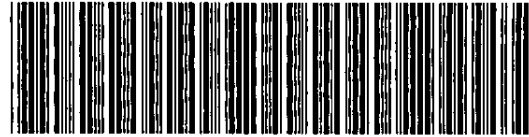
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUL 24 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASTMI Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 07000000631

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:

Howard Baum
Contact Person

MASTMI LP
Firm/Company

923 S. Town & River Dr.
Address

FT. MYERS, FL 33919
City, State and Zip Code

howardbaum@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Baum at (239) 634-4944
Name of Contact Person 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

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TALLAHASSEE, FLORIDA

**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. MASTMI Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. April 26 2007 3. A07000000631
Date of filing/registration in Florida 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:

Whitesman, Guy E
Name
1715 MONROE STREET
Address
FT. MYERS, FL 33901
City, State and Zip

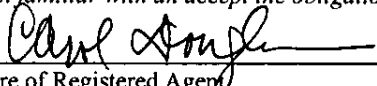
5. The name and Florida street address of the new registered agent and/or office:

CAROL DOUGLAS
Name
12800 UNIVERSITY DR Suite 215
Florida street address (P.O. Box not acceptable)
FT. MYERS FL 33907
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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