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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

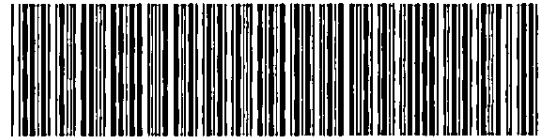
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quinn Professional Partners, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A13000000463

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:

Geoffrey M Quinn

Contact Person

Quinn Professional Partners, LLLP

Firm/Company

2637 E Atlantic Blvd Suite #26651

Address

Pompano Beach, FL 33062

City, State and Zip Code

GMQ@GMQuinn.com

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

For further information concerning this matter, please call:

Geoffrey M Quinn

at ( 708 ) 205 1325

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. Quinn Professional Partners, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. Aug 29, 2013

Date of filing/registration in Florida

3. A13000000463

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:

Quinn, Geoffrey M

Name

2637 E Atlantic Blvd #26651

Address

Pompano Beach, FL 33062

City, State and Zip

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

Elwith Murray

Name

14705 Oak Vine Drive

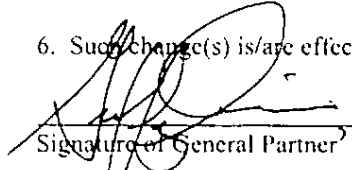
Florida street address (P.O. Box not acceptable)

Lutz

FL 33559

City, State and Zip

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

  
Signature of General Partner

GENERAL PARTNER 6.29.21

*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

REGISTERED AGENT 6.29.21

Filing Fee: \$35.00

Certified Copy (optional): \$52.50