A16 00000 0180

(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ity/State/Zip/Phone #)					
PICK-UP	WAIT .	MAIL				
(Bo	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Statu	ıs				
Special Instructions to Filing Officer:						
·						

Office Use Only



700285897067

05/19/16--01013--026 **35.00



MAY 21 2016 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	SECT:Name of Limited Partners	Hallie	Lou, LP			
	Name of Limited Partners	ship or Limi	ited Liabilit	y Limited Partnership		
DOC	UMENT NUMBER:	A	A1600000180			
	nclosed Statement of Change of Reare submitted for filing.	gistered (Office and	or Registered Agent and		
Please	e return all correspondence concern	ing this m	atter to:			
	Wayne Patton					
	Contact Person			•		
4	Firm/Company	<u></u>				
	1008 SW 147th Ave	ļ				
	Address					
	Pembroke Pines, FL 33 City, State and Zip Code	027				
	wayne@mwpatton	com				
E	E-mail address: (to be used for future annua		ification)			
For fu	urther information concerning this n	natter, ple	ase call:			
	Wayne Patton	at (850	803-1166		
	Name of Contact Person			d Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable	e to the Fl	orida Der	partment of State.		
STRE	EET ADDRESS:		MAIL	ING ADDRESS:		
Registration Section			Registr	ation Section		
Divisi	ion of Corporations			n of Corporations		
	on Building		P. O. B	ox 6327		
	Executive Center Circle		Tallaha	ssee, FL 32314		
Tallal	hassee, FL 32301					

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			Lou, LP			
	Name of Lir	nited Partnership or Li	mited Liability Lii	mited Partnershi	p	
2	April 1, 2	016	3.	A160000	00180	
Dat	Date of filing/registration in Florida			Florida docume	ment number	
4. The name Department		gen) and the registered	d office address as	shown on the re	cords of the Florida	
		Carmen	Anderson			
		Na	ime			
		8501 Astronaut	Blvd, Suite 2	00	÷,	
		Add	iress			
		Cape Canave	eral, FL 32920)		
	-	City, Sta	te and Zip		32.3	
5. The name	e and Florida street	address of the new rea	gistered agent and/	or office:	97.78	
		Wayne	Patton			
		Na	ime		7: 2 SIAN ONI	
		1008 SW	147th Ave		10 A	
	F	lorida street address (I	P.O. Box not accep	otable)	•	
		Pembroke Pine	es FL	33027		
		City, Sta	te and Zip			
6. Such cha	nge(s) is/are effect	ive when filed by the F	Horida Department	t of State.		
Was	1 1 1	f of the General				
Signature of	General Partner					
comply with and I am fan	the provisions of a	it as registered agent a ll statutes relative to to of the obligations of m	he proper and com	plete performan		
	-					
Filing Fee	e: Copy (optional	\$35.00): \$52.50				