

A17000000452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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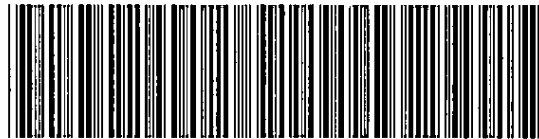
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

10/12/20

TO: Registration Section
Division of Corporations
M&E Angel Partnership LP

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

DOCUMENT NUMBER: ~~67-1858812~~ A17 000000 452

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:

Michelle Delisle Phelps

Contact Person
M&E Angel Partnership LP

Firm/Company
126-1400 Morgan Stanley Ave.

Address
Winter Park, Florida 32789

City, State and Zip Code
michelleaphelps@yahoo.com

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

For further information concerning this matter, please call:

Michelle Delisle Phelps 416 6719952

Name of Contact Person at (_____) _____
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

INHS04 (01/06)

**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. M&E Angel Partnership LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. September 17 2020
Date of filing/registration in Florida
3. ~~611858812~~ H17000000452
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:

~~M&E Angel Partnership LP~~ M&E Angel Partnership LP
Name

45780 Dayton Square #406
Address

Sterling Virginia 20166
City, State and Zip

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

M&E Angel Partnership LP
Name

126 - 1400 Morgan Stanley Ave.
Florida street address (P.O. Box not acceptable)

Winter Park Florida FL 32789
City, State and Zip

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TALLAHASSEE, FL

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

[Signature]
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]
Signature of Registered Agent

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