

A22016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: MOP PARTNERSHIP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A22016

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:

JILL PROBST
Contact Person
NATIONAL SERVICE INFORMATION, INC
Firm/Company
145 BAKER ST
Address
MARION, OHIO 43302
City, State and Zip Code
JILL@NSII.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL PROBST at (740) 387-6806
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

**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. MOP PARTNERSHIP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/12/1986 3. A22016
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:

PADUCH, GARY F
Name
321 OLEANDER WAY
Address
CASSELBERRY, FL 32707
City, State and Zip

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

NRAI Services, Inc.
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

By: *Gregory J. Jorgensen*
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.

NRAI Services, Inc.
by: *Cheri Pilora* Asst. Secretary
Signature of Registered Agent

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

15 FEB -5 PM 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED