

A98000000383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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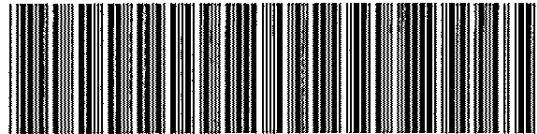
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FROM: M and P partnership LTD  
P. O. Box 5401  
St. Augustine, Fl 32085

TO: Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

SUBJECT: Limited Partnership, Change of General Partner

The contact person is the General Partner, David A. Johnson,  
3512 Putnam Road, St. Augustine, Fl 32086.  
Daytime Telephone: 904-797-5525

The acknowledgement is to be sent to David A. Johnson, M and P  
Partnership LTD, P. O. Box 5401, St. Augustine, Fl 32085

Respectively,

Current General Partner

New General Partner

  
Clay R. Seay  
  
David A. Johnson

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned 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 and P Partnership LTD  
Name of the limited partnership

2. February 9, 1998 3. A98000000383  
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Clay R. Seay  
Name  
1093 A!A Beach Blvd. #111  
Address  
St. Augustine, Fl 32080  
City, State and Zip


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

David A. Johnson  
Name  
3512 Putnam Road  
Florida street address (P.O. Box **not** acceptable)  
St. Augustine, FL 32086  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

  
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

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