

A98000001243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

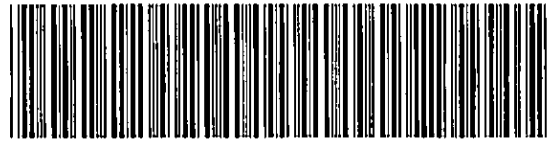
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400315691694

07/16/18--01020--014 ++35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 16 PM 2:19

Ra Chang

JUL 20 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMP + LPO LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000001243

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:

Josie Outlaw
Contact Person

Firm/Company

8113 HEIRLOOM DR
Address

PENSACOLA, FL 32514
City, State and Zip Code

lisapoutlaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA P. OUTLAW at (251) 227-0929
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

INIIS04 (01/06)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 16 PM 2:19

**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. MMP + LPO LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. MAY 18, 1898
Date of filing/registration in Florida

3. A98000001243
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:

KENNETH D. WARDLOW
Name
3142 NORTHSIDE DR
Address
KEY WEST, FL 33040
City, State and Zip

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

JOSIE OUTLAW
Name
8113 HEIRLOOM DR
Florida street address (P.O. Box not acceptable)
PENSACOLA, FL 32514
City, State and Zip

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

Josie P. Outlaw, GP
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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
18 JUL 16 PM 2:19