

A98 000001243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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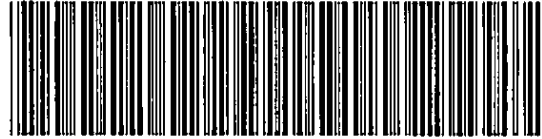
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE M MP + LPO LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A 9800000 1243

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:

KRISTEN KEPLER

Contact Person

—  
Firm/Company

7619 LAS VEGAS Lane

Address

PENSACOLA FL 32534

City, State and Zip Code

LPO@FASTMAIL.COM

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

For further information concerning this matter, please call:

LISA P. OUTLAW

Name of Contact Person

at ( 251 ) 230-0661

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

**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.

THE MMP + LPO LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. MAY 18, 1998

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:

JOSIE OUTLAW

Name

8113 HERIOT DR

Address

PENSACOLA FL 32514

City, State and Zip

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

KRISTEN KEPLER

Name

7619 LAS VEGAS LANE

Florida street address (P.O. Box not acceptable)

PENSACOLA, FL FL 32514

City, State and Zip

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

Josie P. Outlaw LP

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.*

Kristen Kepler

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA