

L10000032183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

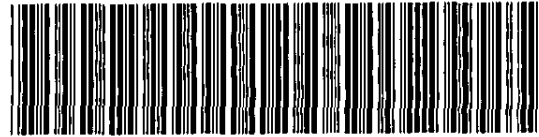
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200199663302

Address Change

Brown 3-29-11

**Rivera, Maribel**

---

**From:** Marlene Duarte [marlene@mmsins.com]  
**Sent:** Tuesday, March 29, 2011 2:42 PM  
**To:** CorpAddressChange  
**Subject:** ADDRESS CHANGE

Effective Immediately,

Our Physical and mailing address has changed to 514 SW 3<sup>rd</sup> ST, Cape Coral, FL 33991 ...Susan Martin's address is 3723 Del Prado Blvd S Suite B , Cape Coral, FL 33904...I will be forwarding the form to change the registered agents address to the same as above.

This change is for MMS Partners in Insurance, LLC Document #L10000032183

Thank you

***Marlene Duarte***  
***MMS Partners in Insurance***