

B03000000070

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TO: Registration Section
Division of Corporations

SUBJECT: THE ROBERT MORGAN LIMITED PARTNERSHIP II
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B0300000070

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:

Contact Person
INCORPORATING SERVICES, LTD.

Firm/Company

Address
TALLAHASSEE, FL 32301

City, State and Zip Code

kelly.valcore@morgancommunities.com

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

For further information concerning this matter, please call:

MELISSA at (_____) **656-7956**

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. THE ROBERT MORGAN LIMITED PARTNERSHIP II
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/20/2003
Date of filing/registration in Florida

3. B03000000070
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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301-2525
City, State and Zip

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

INCORPORATING SERVICES, LTD.
Name
1540 GLENWAY DRIVE
Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32301
City, State and Zip

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

[Signature]
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 an accept the obligations of my position as registered agent.

Melissa Styp, Asst. Secretary
Signature of Registered Agent

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

16 DEC 20 AM 8:46

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CORPORATION SERVICES, LTD.