

714000000277

(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



800270851018

03/23/15--01033--013 **35.00

15 MAR 23 AM 9:59
STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

Drivers APR 14 2015



ELIZABETH MORGAN & ASSOCIATES, LLP

18 March 2015

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Elizabeth Morgan & Associates, LLP
Document No. B1400000237

Dear Sir or Madam:

I am enclosing the original and a copy of the following documents for filing in connection with the referenced entity:

1. Amendment to Certificate of Authority for Foreign LLP and
2. Statement of Change of Registered Office/Agent.

I am also enclosing two checks made payable to the Florida Department of State. One check is in the amount of \$52.50 for the Amendment to Certificate of Authority filing fees, and the other check is in the amount of \$35.00 for the Statement of Change of Registered Office/Agent filing fees.

Please file both forms and file-mark the copy of each document. I ask that you return the file-marked copies in the envelope provided for this purpose.

Thank you for your attention to this matter. Please do not hesitate to call us if you have any questions.

Kind regards,

Cicely R. Adkins
cadkins@emallegal.com
512.767.7148 Direct

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elizabeth Morgan & Associates, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B1400000237

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:

Cicely Adkins

Contact Person

Elizabeth Morgan & Associates, LLP

Firm/Company

10415 Morado Circle, Building 1, Suite 310

Address

Austin, Texas 78759

City, State and Zip Code

cadkins@emalegal.com

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

For further information concerning this matter, please call:

Cicely Adkins

Name of Contact Person

at (512) 767-7148

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. Elizabeth Morgan & Associates, LLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. October 14, 2104 3. B1400000237
Date of filing/registration in Florida Florida document number

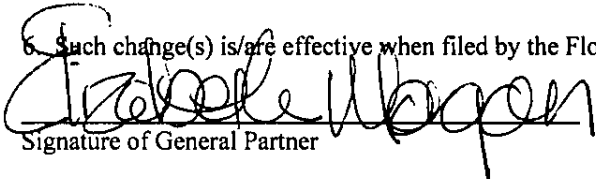
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jill Creager
Name
c/o Providence Family Offices LLC, 202 S Rome Ave, Ste. 150
Address
Tampa, Florida 33606
City, State and Zip

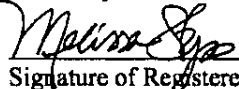
5. The name and Florida street address of the new registered agent and/or office:

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 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.

 , Assistant Secretary
Signature of Registered Agent

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

15 MAR 23 AM 9:58
RECEIVED
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA