

A16000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

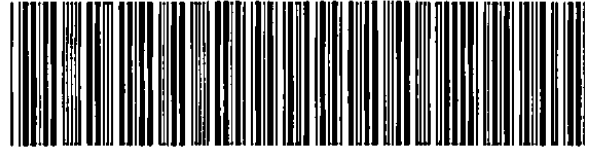
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SECRETARY OF STATE
TALLAHASSEE, FL

JUL -5 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAW OFFICES OF MORTON & ASSOCIATES LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000237

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:

ROMAN POPOV

Contact Person

MORTON & ASSOCIATES LLP

Firm/Company

246 WEST BROADWAY

Address

NEW YORK, NY 10013

City, State and Zip Code

FL@MOAS.COM rp@moas.com

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

For further information concerning this matter, please call:

Roman Popov

Name of Contact Person

at (212) 468-5511

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. LAW OFFICES OF MORTON & ASSOCIATES LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/12/2016
Date of filing/registration in Florida

3. A16000000237
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:

MORTON, JONATHAN G
Name
1601 Harrison Street
Address
Hollywood, FL 33020
City, State and Zip

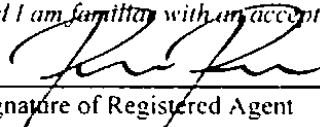
5. The name and Florida street address of the new registered agent and/or office:

ROMAN POPOV
Name
3674 BEACH BOULEVARD SUITE 300
Florida street address (P.O. Box not acceptable)
JACKSONVILLE FL 32207
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.


Signature of Registered Agent

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

FILED
2019 JUN 24 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL