A16000002371

Office Use Only



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JUN - 2 2023

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: LAW OFFICES OF JONATHA	N G. MORTON LLLP
., 0 190	Name of Limited Partne	rship or Limited Liability Limited Partnership
DOC	UMENT NUMBER: A1600000023	7
	nclosed Statement of Change of Rearc submitted for filing.	egistered Office and/or Registered Agent and
Please	e return all correspondence concer	ming this matter to:
Jonath	an Morton	
	Contact Person	
LAW	OFFICES OF JONATHAN G. MORTO	N LLLP
	Finn/Company	
66 We	st Flagler StreetSuite 900 - #8510	
	Address	
Miami	i, Florida 33130	
	City. State and Zip Code	
jmlaw	china@gmail.com	
E	-mail address: (to be used for future ann	ual report notification)
For fi	urther information concerning this	matter, please call:
Jonath	an Morton	at (305) 764-9179
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclo	osed is a \$35.00 check made payab	ole to the Florida Department of State.
	ing Address:	Street Address:
-	stration Section	Registration Section
	ion of Corporations	Division of Corporations
P.O. I	The Centre of Tallahassee	
Tallal	hassee, FL 32314	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.

change its registe	red office of registered agent, c	n both, in the state of Florie				
LAW OF	FFICES OF JONAT	THAN G. MORT	ON I	LLL	P	
• •	Name of Limited Partnership or L					
2.05/12/2016		3.A1600000	3.A16000000237			
Date of filing/registration in Florida						
4. The name of the Department of Sta	e registered agent and the registere	d office address as shown on t	he record	s of the	: Florida	
	MORTON, JON	ATHAN G				
		aine				
	1395 BRICKELL AV	'E., SUITE 900				
	Ad	dress				
	Miami, Florida 3	3131	()	20		
	City, Sta	ite and Zip		23 =		
5. The name and I	Florida street address of the new re	gistered agent and/or office:		AR.		
	MORTON, JON	ATHAN G		<u>'</u>	() ima	
	·	ame		PH		
City. State and Zip City. State and Zip MORTON, JONATHAN G Name 66 West Flagler Street, Suite 900 - #8510 Florida street address (P.O. Box not acceptable)						
	P.O. Box not acceptable)	- =	59			
	Miami	_{FL} 33130				
	City, Sta	ite and Zip	_			
	J	•				
6. Such change(s)	is/are effective when filed by the	rtorida Department of State.				
	/					
Signature of Gene	ral Partner					
I hereby accept the	e appointment as rygistered agent	and agree to act in this capaci	tv. 1 furtl	ier agr	ce to	
comply with the pr	rovisions of all statutes relative to a	the proper and complete perfo	rmance o _j			
and Lamlfamiliar	with an accept the obligations of n	iy position as registered agent.	•			
i	70	3				
Signature of Regis	stered Agent					
<u> </u>						
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50