

A25685
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
MORGAN ENTERPRISES OF PALM BEACH COUNTY, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

**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. MORGAN ENTERPRISES OF PALM BEACH COUNTY, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/28/1987 Date of filing/registration in Florida
3. A25685 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:

CT CORPORATION SYSTEM

Name
1200 S. PINE ISLAND ROAD, #250

Address
PLANTATION, FL 33324

City, State and Zip

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

Registered Agents Inc

Name
7901 4th St N STE 300

Florida street address (P.O. Box not acceptable)
St. Petersburg FL 33702

City, State and Zip

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 TALLAHASSEE, FL

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

Claud Morgan
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.

David Roberts
Signature of Registered Agent

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