

# B03000000070

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

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

**DOCUMENT NUMBER:** B03000000070

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 Stapp, Asst. Secretary  
Signature of Registered Agent

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

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CORPORATION DIVISION  
TALLAHASSEE, FL