

5/7/2018

Division of Corporations

B15000000250

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H180001424103)))



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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

2018 MAY -7 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

REGISTERED AGENT CHANGE

MORRIS JAMES EQUITY PARTNERS, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAY 08 2018
J. HARRIS

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Help

**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. MORRIS JAMES EQUITY PARTNERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/21/2015 3. B15000000250
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:

C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

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

Northwest Registered Agent, LLC.
Name
3030 N. Rocky Point Dr. STE 150A
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
City, State and Zip

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

Don Reidman
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.

Ton Glover
Signature of Registered Agent

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

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