

F090000000539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

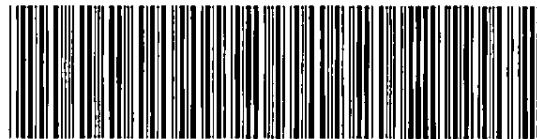
(Business Entity Name)

(Document Number)

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05/15/24--01007--001 **35.00

JUN 26

S. PRATHEP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MORRISON SECURITY CORPORATION
Name of Corporation

DOCUMENT NUMBER: F08000000539

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLENN WEBBER

Name of Contact Person

GLENN J. WEBBER ESQ

Firm/Company

101 SE Ocean Blvd, Suite 203

Address

Stuart, FL 34994

City/State and Zip Code

glenn@webberfl.com

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

For further information concerning this matter, please call:

Glenn Webber at (772) 287-5600
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MORRISON SECURITY CORPORATION
2. The principal office address: 12334 S. Keeler Avenue, Alsip, IL 60803
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

7952 Umberto Court Naples, FL 34114

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

101 SE Ocean Blvd, Suite 203, Stuart, FL 34994

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Sean M. Morrison

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date _____

If signing on behalf of an entity:

Typed or Printed Name

★ ★ ★ FILING FEE: \$35.00 ★ ★ ★

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

2024 MAY 15 AM 7:50
SECONDARY OF STATE
TALLAHASSEE, FLORIDA