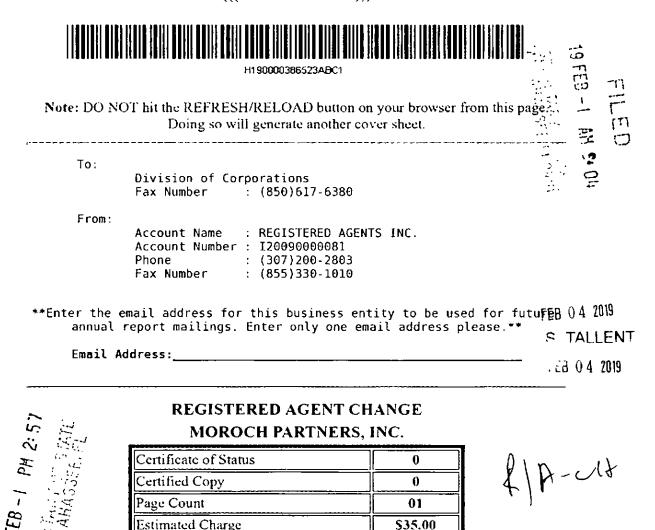
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000038652 3)))



Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

10:	Amendment Section Division of Corporations
SUBJ	ECT: Moroch Partners, Inc.
	Name of Corporation
DOC	MENT NUMBER: F16000003316
The e	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Morgan Noble
	Name of Contact Person
	Moroch Partners, Inc.
	Firm/Company
	7901 4th St NSTE 300
	Address
	St. Petersburg, FL 33702
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
Mor	gan Noble at (509) 768-2249
	Name of Contact Person at (509) 768-2249 Area Code & Daytime Telephone Number
Enclo	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 Zoot Executive Center Chee

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

statement of cha	mge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, n organized under the laws of the r registered agent, or both, in the	State of X	
1. The name of t	the corporation: Moroch Partners,	. Inc.		
	office address: 3625 N Hall Street			_
3. The mailing a	iddress (if different): 3625 N Hall S	Street Suite 1100 Dallas, TX 75219		_
4. Date of incorp	poration/qualification: 07/22/201	6 Document number:	F16000003316	
	I street address of the current regi timent of State: (If resigned, enter	stered agent and registered office resigned)	on file with the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAN	D ROAD	9 FE	
	PLANTATION, FL 33324		B -	7=
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or regi	stered office	ロコ
	Northwest Registered	Agent, LLC.	0,	
	7901 4th St N STE 300			
		Box NOT acceptable		
The street adder	St. Petersburg FL 3370			
as changed will	be identical.	e street address of the business of		
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors open notified in writing of the cha	or by an officer so inge.	
Thomas	5 Moroch re of an afficer or director	Thomas Moroch	D D	
I hereby accept I further agree of performance of agent. Or, if the		gent and agree to act in this capa all statutes relative to the proper h and accept the obligation of m to reflect a change in the registe		
lon	Glove	02/01/2019		
_	nature of Registered Agent	Date		
	half of an entity:			
Tom Glove	r sped or Printed Name	<u>.</u>		

* * * FILING FEE: \$35.00 * * *