**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*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 MORGAN-WHITE ADMINISTRATORS, INC.

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C. GOLDEN

MAR 22 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Morgan-White Administrators, Inc

DOCUMENT NUMBER: F9400001663

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Margot Mullin

,888 \705-727*4* 

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of section nge is submitted for to change its regist	a corporation or	ganized und	er the law	es of the Sta	uc of Miss	sissippi	-
I. The name of t	he corporation: MC	rgan-Whit	e Admii	nistrat	tors, Inc	<u> </u>		
	office address: 50				ELAN		<u> 3915</u>	7
3. The mailing a	ddress (if different):	PO BOX	14067	JAC	CKSON	l, MS	3923	6
4. Date of incorp	oration/qualification	. 4/1/1994	Dc	cument r	umber: F	940000	01663	3
	street address of the tment of State: (If re C T CORF	signed, enter resi	gned) ON SY			file with the		
	PLANTATION	INC ISCAINS I		FL	33324		2019 MAR 2	
6. The name and (if changed):	street address of the Registered Ag	ent Solution	s, Inc.	nged) and	l /or register	red office	1 AM 9:31	. <sup>™</sup> Ö
	Tallahassee, F	L 32301	VOT acceptable			····		
The street addre	ss of its registered o be identical.	ffice and the stre	et address o	of the bus	siness office	e of its regi	stered age	nt,
=	s authorized by resc e board, or the corp							
	nd L. Eaton		Ric		. Eatoi		ecretar	ý
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm t  Sign  If signing on bel	the appointment as a comply with the point of kepistered Agent	rovisions of all s familiar with an filed merely to r has been notifie	tatutes relai d accept the effect a cha d in writing	o act in to ive to the obligations	his capacity proper an on of my pa e registered hange.	v. d complete ssition as re	egistered	•
	ped or Printed Name	Jecietaly						