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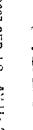




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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Law Offices of Cara Morri (Name of	is, P.L. f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	ng this matter to the following:
•	
Cara Morris, Esq.	
(Name of Person)	<del> </del>
	2007 SE1
Hoffman & Morris	
(Firm/Company)	ASS TO STATE OF THE STATE OF TH
2265 North Ocean Drive	2007 SEP 19 AK 11: 26 SECRETARY CESTATE ALLAHASSEE FLORID
(Address)	FIS E
	)ATE SE
Singer Island, FL 33404	P
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Cara Morris	at ( 561 ) 840-3406
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy



Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ted liability company is: L	Law Offices of	Cara Morris, P.L.			
2. The mailing address	of the limited liability com	npany is : <u>11</u>	417 Shady Oaks	s Lane, Nortl	h Palm Be	ach,
FL 33408						
2/11/2005			_05000014326			
3. Date of filing/registration in Florida		- 4	Document nu	ımber		
5. The name of the regis Florida Department o	tered agent and the registe f State:	ered office ac	ddress as showr	on the reco	ords of the	e
•	Hoffman & Morris, LL	_C		_		
	•	Name		_		
	2265 North Ocean Driv					
		ddress				
	Singer Island, FL 33404	tate and Zip		_		
	•	•				
6. The name and address	s of the new registered age	ent and/or of	fice:			
	Hoffman & Mor ris, P.L	L		_		
		ame				
	2265 North Ocean Drive					
	Florida street address (	(P.O. Box No	OT acceptable)	1		
	Singer Island, FL 33404	FL		Z	200 S1	
	City, Sta	ate and Zip		Į, L		*- * j
confirmed that after the and the business office of liability company, it is hof the members of the li	ompany is not organized unchange or changes are made of the registered agent will be derived that the climited liability company or control the limited liability of the liability of the liability of the limited liability of the	de, the Florid be identical change(s) was or as otherwise company.	da street addres . Or, in the cas is/were authoriz	s of the regi e of a Florid zed by an af	istered of da limited Tirmative	vote:
Cara C. Morris, MGMR						
(Printed or typed name of signe	e)					
and I am familiar with a Chapter 608, F.S. Or is address. I hereby confir	ointment as registered age ons of all statutes relative to add accept the obligations of this document is being fill without the limited liability of the control of the co	ent and agre to the proper of my position led to merely company ha	e to act in this of and complete on as registered oreflect a changes been notified	capacity. I performance agent as page in the regin writing of	further ag se of my di rovided fo zistered of of this cha	ree to uties, or in ffice nge
(Signature of Registered Agent)	Iman & Mons	PL 80x 6327	Tallahassee F	T 32314		

**FILING FEE: \$25.00**