

LD5000014326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

all 11/16/16

Cara C. Morris, Esq.
Admitted: FL, MA; Patent Attorney

4440 PGA Boulevard, Ste. 600
Palm Beach Gardens, FL 33410
561-371-6575 (t); 561-691-0347 (f)

August 26, 2016

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
ATTN: ADDRESS CHANGE/FICTITIOUS NAME: NATIONWIDE PATENTS

Dear Sir/Madam:

In accordance with the information posted on SUNBIZ.ORG, I am requesting a change of mailing and owner address as follows:

FROM OLD ADDRESS (for both Mailing and Owner Information):

3801 PGA BOULEVARD, STE. 600
PALM BEACH GARDENS, FL 33410


NEW ADDRESS (for both Mailing and Owner Information):

4440 PGA BOULEVARD, STE. 600
MAIL BOX A243
PALM BEACH GARDENS, FL 33410

If there is a cost for making this change, please contact me at 561-371-6575.

Thank you, in advance.

Sincerely,



Cara C. Morris, Esq.

On behalf of Owner, Law Offices of Cara C. Morris, PL

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Offices of Cara Morris, PL
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARA C MORRIS

Name of Person

LAW OFFICES OF CARA MORRIS, PL

Firm/Company

11417 SHADY OAKS LANE

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

tech4u2day@gmail.com

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

For further information concerning this matter, please call:

CARA MORRIS at (561) 371-6575
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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: LAW OFFICES OF CARA MORRIS, PLLC

2. (a) 4440 PGA BLVD, STE. 600

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MAIL BOX A243

PALM BEACH GARDENS, FL 33410

(b) 11417 SHADY OAKS LANE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

NORTH PALM BEACH, FL 33408

2/11/05

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3. **Date of filing/registration in Florida**

4. Document number

5. (a) MORRIS, CARA C.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11417 SHADY OAKS LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NORTH PALM BEACH, FL 33408

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CARA C MORRIS

Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA