L06000019924

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ERTC Morgan Name of Li	mited Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
ERIC A. MORGA	<i>✓</i>	
Name of Person	.T P2	
ERIC MORGAN LLC	SECRETARY ALLARASSI	-
Firm/Company	SVH JAO	### ###
6389 93 RAMCE N. UNIT		
PINELLAS PARK JFL. 33782 City/State and Zip Code	74703 OF STAFE CRIDA	**
E-mail address: (to be used for future annual report not	tification)	
For further information concerning this matter		
· ·	,	
· · · · · · · · · · · · · · · · · · ·	at (727) $729 - 2020$	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	; amount:	
X \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

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.

agem, or com, mine state of Florida.	
1. Name of the limited liability company:	= MORGAN LLC
2. (a) Principal office address of limited liability compan	y: 6389 9320 Terrace N.
(Note: MUST BE STREET ADDRESS)	MANITY 703 PINELLS PARK FC. 33782
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
2/23/2005	900066483739
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of state:
Registered Agent:	ERTC MOZENTE
Registered Office Address:	8784 CHRITISE DA. LARGO, FC. 33771
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	GJEG GJOOTERRACE N. UNIT 4703 ITHELLIS PARK ,FL JJABZ
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
2.1.	_
Signature of a member or authorized representative of a member	
ERFC A. MORGAN	_
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent	