## L00000071615

(Requ	iestor's Name	)
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(City/s	State/Zip/Phor	ne #)
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07 FEB -5 PM 12: 57 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Morningstar Financi (Name	ial Group, L.L.C. e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
Michael A. Lingo	i	
(Name of Person)	O7F	
Morningstar Financial Group, (Firm/Company)	SE SAY	
560 SE 23rd Avenue, Apt. #3	PM 12: 57  F S TATE  F LORID	
(Address)	DA DA	
Pompano Beach, FL 33062		
(City/State and Zip Code)		
For further information concerning this	matter, please call:	
Michael A. Lingo	at (954) 446-4344	
(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	owing amount:	
<b> ✓</b> \$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.

<b>3</b> . , ,		
1. The name of the limited liability compa	any is: Morningstar Financial Group, L.t	L.C
2. The mailing address of the limited liab	ility company is: 560 SE 23rd Avenue	e, Apt. #3
Pompano Beach, FL 33062	· · ·	
	1.0000074045	,
07/17/2006	L06000071615	
3. Date of filing/registration in Florida	4. Document number	er .
5. The name of the registered agent and the Florida Department of State:	e registered office address as shown on	the records of the
<u>Morningsta</u>	r Financial Group, L.L.C.	
239 Kingsley	Name	
239 Kiligsley	Address	
Auburndale,		
/tabarriadio,	City, State and Zip	O TAL SI
6. The name and address of the new regist	ered agent and/or office:	7FEB-5 PM 12: 57 ECRETARY OF STATE LAHASSEE FLORIDA
Morningstar	Financial Group, L.L.C.	TAR ASS
•	Name	
560 SE 23rd	Avenue, Apt. #3	79 R 77
Florida street a	address (P.O. Box <b>NOT</b> acceptable)	PM 12: 5: OF STATE E FLORID
Pompano Be	ach, <sub>FL</sub> 33062	)A ————————————————————————————————————
•	City, State and Zip	
If the limited liability company is not orgated confirmed that after the change or changes and the business office of the registered agliability company, it is hereby confirmed to the members of the limited liability correct the operating agreement of the limited liability company.	s are made, the Florida street address of a gent will be identical. Or, in the case of that the change(s) was/were authorized be a mpany or as otherwise provided in the arbibility company.	the registered office a Florida limited by an affirmative vote
(Printed or typed name of signee)		
I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblichapter 608, F.S. Or, if this document is address, I hereby confirm that the limited of the confirm that the confirm that the confirm that the confirm that the confirmation is the confirmation of the confirmation	ered agent and agree to act in this capac relative to the proper and complete perfo gations of my position as registered age being filed to merely reflect a change in liability company has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Agent)	<del></del>	

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