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## **COVER LETTER**

· TO:

TO: Registration Section Division of Corporations		
SUBJECT: Morris Law Offices, LLC (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	g this matter to the following:	
Wendy S. Morris, Esquire		
(Name of Person)	TA S	
•	Fee of T	
Morris Law Offices, LLC	HE CO	
(Firm/Company)	FILED  2001 OCT 11 P 1  SECRETARY OF ST TALLAHASSEE. FLO	
And Res (Meller	T P P	
3461 Bonita Bay Blvd, Suite 201		
(Address)	たらるで State See & Courte <b>会長の</b>	
жинаровар режирова рос стотова. Bonita Springs, FL 34134	ត្តដែរ ការសេចមួយ។	
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
Section Sectio	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Wendy S. Morris, Esquire	at (239 ) 992-3666	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rannisses, mortal 32314	
Enclosed is a check for the follow	ing amount:	
\$25 Filling Fee/190	✓ \$55 Filing Fee & Certified Copy	
3401 Borns 28/ 9/20, 5/45 431	The same transfer of the same state of the same	
INHS18 (8/05)		

## 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.

1. The name of the limited liability comp	pany is: Morris Law Offices, LLC	·	
2. The mailing address of the limited liab	oility company is : 3461 Bonita Bay E	lvd, Suite 201, Bonita Springs,	
FL 34134		·	
August 6, 2007	L07000080134		
3. Date of filing/registration in Florida	4. Document nu	4. Document number	
5. The name of the registered agent and the Florida Department of State:	ne registered office address as shown	on the records of the	
Wendy S. Mo	orris, Esquire		
· ·	Name	· •	
9869 Colonial Walk N		₹	
Address Estero, FL 33928		FIL 2001 OCT 11 SECRETARY	
City, State and Zip			
6. The name and address of the new registered agent and/or office:			
Wendy S. Mor	ris, Esquire		
	Name ay Blvd, Suite 201	D 1: 3:	
Florida street	address (P.O. Box NOT acceptable)	<i>P</i> J	
Bonita Springs	FL 34134		
	City, State and Zip	- <del></del>	
If the limited liability company is not orgate confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited (Signature of a member or authorized representative of	s are made, the Florida street address gent will be identical. Or, in the case that the change(s) was/were authorize mpany or as otherwise provided in the liability company.	of the registered office	
Wendy S. Morris, Esquire (Printed or typed name of signee)			
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the oblichapter 608, F.S. Or, if this document is address, I hereby confirm that the limited (Signature of Registered Agent)	tered agent and agree to act in this correlative to the proper and complete pigations of my position as registered being filed to merely reflect a change liability company has been notified i	npacity. I further agree to erformance of my duties, agent as provided for in : in the registered office n writing of this change.	
7 7	one DA Roy 6317 Tollohassaa Gi	20214	

**FILING FEE: \$25.00** 

INHS18 (8/05)