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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	MORGAN FAMILY PROPERTY & INVESTMENTS, LLC				
SOBJECT		of Limited L	iability Company		
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Offic	e Change and	I fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this	matter to the	following:		
Ryan Mo	rgan				
	Name of Person				
MORGA	N FAMILY PROPERTY & INVE	STMENTS	, LI		
-	Firm/Company				
13645 OI	ld Florida Circle				
	Address				
Hudson,	FL 34669				
	City/State and Zip Code				
——————————————————————————————————————	il address: (to be used for future annu	al report noti	fication)		
For further	information concerning this matter, p	olease call:			
Ryan Mo	rgan	727 at (457-6460		
	Name of Person		Area Code & Daytime Telephone Number		
Re Di [,] Cli 26	Registration Section Registration of Corporations Division of Corporations Division Building P.C.		IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a check for the following amount:					
2	\$25 Filing Fee	<u> </u>	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 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. Na	ame of the limited liability company: MORGA	N FAMILY PROPE	ERTY & INVESTMENTS, LLC
2. (a)	Ryan Morgan	_(b) Ryan	Morgan
(u)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	, , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	13645 Old Florida Circle	1364	5 Old Florida Circle
	Hudson, FL 34669	Huds	on, FL 34669
	06/06/2013	L1300	00082224
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. of	State:
	Ryan R Morgan		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	7650 Navigator Ct		
	Port Richey	_, _{FL} 35668	
71-3			SECOND SE
(b)	Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:	一
	Ryan R Morgan		MOV 12
	NEW Registered Office Address:	·	
	13645 Old Florida Circle		
	Port Richey	_{El} 35668	. —
		, ru	
the cha agent v was/we	imited liability company is not organized under tange or changes are made, the Florida street addressed to dentical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the registered of ited liability company, bers of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as pre- ely reflect a change in the registered office addre I in writing of this change.	nd agree to act in this of aplete performance of a covided for in Chapter ess. I hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatu	re of Register d Agent	_	