

**L 14000018310**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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**FILED**  
2016 SEP -7 P 6:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 08 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Morrison Environmental Law, P.L.

\_\_\_\_\_  
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:

Angela R. Morrison

\_\_\_\_\_  
Name of Person

Morrison Environmental Law, P.L.

\_\_\_\_\_  
Firm/Company

9144 Ravena Road

\_\_\_\_\_  
Address

Tallahassee, FL 32309

\_\_\_\_\_  
City/State and Zip Code

amorrison@amorrisonlaw.com

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

For further information concerning this matter, please call:

Angela R. Morrison

at ( 850 ) 270-5447 or 850-445-8853

\_\_\_\_\_  
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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2018 SEP -7 P 6:17  
STATE OF FLORIDA  
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: Morrison Environmental Law, P.L.

2. (a) 9144 Ravena Road (b) 9144 Ravena Road

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Tallahassee, FL 32309

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Tallahassee, FL 32309

01.31.2014

L14000018310

3. Date of filing/registration in Florida

4. Document number

5. (a) Angela R. Morrison

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

5608 Wagon Wheel Circle North

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32317

, FL

(b) Angela R. Morrison (same)

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

9144 Ravena Road (new)

**NEW Registered Office Address:**

Tallahassee, FL 32309 (new zip)

, 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.

Angela R. Morrison  
Signature of a member or authorized representative of a member

Angela R. Morrison

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.*

Angela R. Morrison  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

**FILED**  
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