## L14000018366

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Morgan Technology Ser Name of Limited Liability Comp	vices LLC				
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:					
Nathanael Wade Morgan Name of Person					
lorgan Technology Services LLC Firm/Company					
1458 SW Goodman Ave. Address					
Port Saint Lucie FL 34953 City/State and Zip Code  GCR 887-@ Gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
hanael Wade Morgan at (561) 714-3292  Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	ction porations				
Enclosed is a check for the following amount:					
\$25 Filing Fee \$55 Filing Fee	& Certified Copy				
See letter Number: 515 A 00002549					



RECEIVED

15 FEB 20 PH 3: 28

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2015

NATHANAEL WADE MORGAN MORGAN TECHNOLOGY SERVICES LLC 1458 SW GOODMAN AVE PORT SAINT LUCIE, FL 34953 US

SUBJECT: MORGAN TECHNOLOGY SERVICES LLC

Ref. Number: L14000018366

We have received your document for MORGAN TECHNOLOGY SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 515A00002549

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

SUL	mits	n to the provisions of sections 605.0114 or 605.0116, the following statement in order to change its regi	Florida Statutes, the unders, stered office or registered o	igned limited liability company agent, or both, in the State of		
	rida	11	Technology	ServicesLL		
I.	Na	ne of the limited liability company: Morgan	111 TR			
2.	(a) _	1458 SW Goodman Ave	(b) 1958 SW	boodman Ave		
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	ress of limited liability company:  AY BE POST OFFICE BOX)		
		Part Cai I / 10	Da al Ca	1.1.1.		
		1011 Saint Lacie	TOVT SO	int Lacie		
	-	Florida 37953	Florid	a 34953		
		2/3/2014	L1400	0018366		
3.		Date of filing/registration in Florida	4. Documen	it number		
5.	(a)	United States Corporat	I'm Agentr			
٥.	` '	Registered Agent and Registered Office shown on the records of the	ne Florida Dapt. of State:			
		13302 Winding Oak	Court A			
		Registered Office Address (MUST BE FYORIDA STREET A				
		Tampa Florida 3	36/2			
				17 A		
		, FL_		F CR		
	(b) _	Nathanael wade	Morg an	ETA.S B 20		
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		ILLE & Clay Commander Asses		PH EPP		
		1458 SW Good Man Ave NEW Registered Office Address:		STA LOR 2: 2		
			rida 34953	TE NO A		
		/				
		, FL_				
lf tl	ne lis	nited liability company is not organized under the laws	s of the State of Florida, it is	hereby confirmed that after		
the	chai	nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liat	he registered office and the b	ousiness office of the registered		
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in						
uje		les of arganization or the operating agreement of the h		. ( 110)		
<u> </u>	ignati	re of a member or authorized representative of a member	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						
the to n	obliz nere:	ns of all statutes relative to the proper and complete p zations of my position as registered agent as provided y reflect a change in the registered office address, I he in writing of this <u>chang</u> e.	verformance of my duties, and for in Chapter 605, F.S. Or, ereby confirm that the limited	a Lam familiar with and accept if this document is being filed I liability company has been		

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

Signature of Registered Agen