L18000106796

(Reque	stor's Name)		
(Addres	s)		
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PICK-UP	WAIT	MAIL	
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RIBILB

COVER LETTER

TO: Registration Section Division of Corporations	
Roper- Morris LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Alton Morris	
Name of Person	
Roper- Morris LLC	
Firm/Company	
3506 14th St. W. Apt 261	
Address	
Bradenton, FI 34205	
City/State and Zip Code	
morriseventrentals@gmail.com	<i>;</i>
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Alton Morris	941 526-4829 at ()
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

INHS18 (2/14)

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.

(a)	me of the limited liability company:	(b)		
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3506 14th St. W. Apt 261	3	3506 14th St. W Apt 261	
	Bradenton, Fl 34205		Bradenton, FI 34205	
	03/17/2019 4/21/2016	L	18000106796	
	Date of filing/registration in Florida	4.	Document number	
(a)	Legalinc Coporate Services INC			
(ω)	Registered Agent and Registered Office shown on the record	ds of the Florida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)		
	5237 Summerlin Commos Suite 400		IS APE	
Bradenton fort wyers FL 342		, FL_34205		
(b)			6 NY 05 NSSET	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office addr	19:5	
	Alton Morris		T 259	
	NEW Registered Office Address:			
	3506 14th St. W. Apt 261			
	Bradenton	, FL_34205		
ent v is/w	imited liability company is not organized under the inge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registe ed liability com ers of the limite f the limited lia	ered office and the business office of the regist ipany, it is hereby confirmed that the change(s ed liability company or as otherwise provided	
	ture of a member or authorized representative of a member		Printed or typed name of signee	

I nereoy 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.

Signature of Registered Agent