

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L2200034115**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
MORRIS MOBILE MEDICAL SERVICES, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 FEB 24 PM 12:17

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APPROVED  
AND  
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FEB 27 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MORRIS MOBILE MEDICAL SERVICES, PLLC  
\_\_\_\_\_  
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:

JEROME SULLIVAN

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

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

784 S CLEARWATER LOOP

\_\_\_\_\_  
Address

POST FALLS, ID 83854

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

filings@registeredagentsinc.com

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

For further information concerning this matter, please call:

Jerome Sullivan

at ( 509 ) 768-2249

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$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. Name of the limited liability company: MORRIS MOBILE MEDICAL SERVICES, PLLC
2. (a) 7901 4th St N STE 300  
Principal office address of limited liability company:  
(*Note: MUST BE STREET ADDRESS*)  
ST PETERSBURG, FL 33702
- (b) 7901 4th St N STE 300  
Mailing address of limited liability company:  
(*Note: MAY BE POST OFFICE BOX*)  
ST PETERSBURG, FL 33702
3. 08/04/2022 Date of filing/registration in Florida
4. L22000344115 Document number
5. (a) ROBERTS-MORRIS, MARCIA K  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4051 AILANTHUS CT  
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)  
TALLASSEE, FL 32305
- (b) REGISTERED AGENTS INC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4TH ST N  
NEW Registered Office Address:  
STE 300  
ST. PETERSBURG, FL 33702

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.

Marcia K. Roberts-Morris

Signature of a member or authorized representative of a member

Marcia K Roberts-Morris / AMBR

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.*

David Roberts

David Roberts/Assistant Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00