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

From:

Account Name	:	REGISTERED	AGENT	SOLUTIONS	INC
Account Number	:	12010000006	2		
Phone	:	(888)705-72	74		
Fax Number	:	(888)706-72	74		

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

	·	Email Address:				
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Help

TO:

COVER LETTER.

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Registration Section Division of Corporations

SUBJECT: Morgan Hayden, LLC

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:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

Aary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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	me of the limited liability company: Morgan	Нау	den, Ll	_C		
2. (a)	136 HUD ROAD		_ъ 136 Н	HUD ROAD)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited	l liability cor	
	WINCHESTER, KY 40391	••	WINC	(<u>Nou: MAY BE POST</u> HESTER,		
	······································		<u></u>			
	5/24/2013		M1300	00003373		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	NRAI SERVICES, INC					
	Registered Agent and Registered Office shown on the records of t	he Flori	a Dept. of State	:		
	1200 S. PINE ISLAND RD.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>8</u>			
	PLANTATION	333	24			202
(b)	Registered Agent Solutions,	Inc	•	- 1 7 7	SECRETARY	ז ר ו
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	: : بل بل	<u>ຼີ</u> ອີງ	
	155 Office Plaza Dr.					Π
	NEW Registered Office Address:					0
	Suite A					
	Tallahassee, FL	323	01			
the cha agent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o	the reg bility o	istered office company, it is	and the business off hereby confirmed th	fice of the hat the cha	registered inge(s)

/s/ Mary Darnell

Mary Darnell

Printed or typed name of signee

Manager

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 with the method. notified in writing of this change.

Hocksigna UT Signature of Registered Agent Mackenzie Hart, Asst. Secretary

Signature of a member or authorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

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