

PO0000087278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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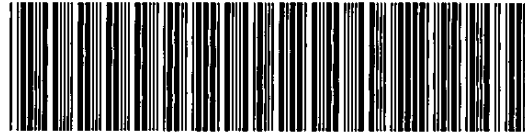
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUL 24 2005

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MORRIS TAX ADV. GROUP INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000087278

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAWRENCE J. LIVINGSTON
(Name of Contact Person)

MORRIS TAX ADVISORY GROUP, INC
(Firm/Company)

11920 SHELDON RD STE D.
(Address)

TAMPA FL 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE J. LIVINGSTON
(Name of Contact Person)

at (813) 792-5250
(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MORRIS Tax Adv. Group Inc.
2. The principal office address: 11920 Sheldon Rd. Ste D. Tampa FL 33626
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 08/12/2002 Document number: P02000082278
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

VINCENT VERDI
416 S. PALOMA PLACE
TAMPA, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

LAWRENCE J. LIVINGSTON
11920 SHELDON ROAD, STE D
(P.O. Box NOT acceptable)
TAMPA FL 33626

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FLORIDA

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

SANDY D. MORRIS PRESIDENT
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

Lawrence J. Livingston
(Signature of Registered Agent)

July 14, 2006
(Date)

If signing on behalf of an entity:

LAWRENCE J. LIVINGSTON
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8-05)