

PO4000101952

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV. 30. 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MORRIS LAWN & GARDEN SERVICE INC
Name of Corporation

DOCUMENT NUMBER: P04000101952

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:

ALBERT MORRIS
Name of Contact Person

MORRIS LAWN & GARDEN SERVICE INC
Firm/Company

PO BOX 2494
Address

LAKE PLACID, FL 33862
City/State and Zip Code

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

For further information concerning this matter, please call:

FRANCES COLLEY at (863) 465-6473
Name of Contact Person 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 LAWN & GARDEN SERVICE INC.
2. The principal office address: 196 JAMISON AVE
LAKE PLACID, FL 33852
3. The mailing address (if different): PO BOX 2494
LAKE PLACID, FL 33862
4. Date of incorporation/qualification: 07/07/04 Document number: P04000101952
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COLLEY FINANCIAL SERVICES, INC.

209 US 27 SOUTH

LAKE PLACID, FL 33852

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

ALBERT MORRIS

196 JAMISON AVE

P.O. Box NOT acceptable

LAKE PLACID, FL 33852

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.

Albert Morris
Signature of an officer or director

ALBERT 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.

Albert Morris
Signature of Registered Agent

October 15, 2009
Date

If signing on behalf of an entity:

Albert Morris
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)

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TALLAHASSEE, FLORIDA