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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Morgan Financial Network Inc (Name of Corporation)
DOCUMENT NUMBER: P05000107155
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:
Cleon Morgon (Name of Confact Person)  Morgon Financial Network Inc. (Firm/Company)
11510 NW 10 St. (Address)
Pembroke Pines Fl 33026 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (786) 256-0354 (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

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