P10000103183

(Re	equestor's Name)	
(0.4)	ldraga)	
(Ad	dress)	
(1)	dress)	
(Au	diess)	
(C)	:y/State/Zip/Phone	- 41 \
(Cit	.y/State/Zip/Prione	= #)
PICK-UP		MAIL
<u>—</u>		<u></u>
(Ru	siness Entity Nan	ne)
(DG	billoss Elicity Hall	110)
(Do	cument Number)	
(
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	
		ľ
		ľ
<u></u>		

Office Use Only



900213031869

10/25/11--01011--014 **35.00

Ro chy



COVER LETTER

TO: A D	mendment Section Division of Corporations					
SUBJECT: Pendergast & Morgan, P.A. Name of Corporation						
DOCUM	ENT NUMBER: P1000	0103183				
The enclo	osed Statement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please ret	turn all correspondence concerning this matter to	the following:				
	Clive N. M	organ				
	Clive N. Morgan Name of Contact Person					
	Devidence 4 9 M	D.A				
	Pendergast & M					
		•				
	6675 Corporate Center	Parkway, Suite 301				
	Addres	S				
	Jacksonville, l City/State and	FL 32216				
	City/state and	zip code				
	cmorgan@pend	erlaw.com				
	E-mail address: (to be used for futu	ire annual report notification)				
For furthe	er information concerning this matter, please cal	:				
	Clive N. Morgan	at (904) .508-0777				
	Name of Contact Person	at (904) .508-0777 Area Code & Daytime Telephone Number				
Enclosed	is a \$35.00 check made payable to the Departme	ent of State.				
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	orporation organize	0/.1308, or 61/.1308, Ft d under the laws of the Sto d agent, or both, in the Sta	ate of Florida
1. The name of t	the corporation: Pende	ergast & Morg	an, P.A.	1, Jacksonville, FL 32216
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	12/27/2010	Document number:	P10000103183
	d street address of the curtiment of State: (If resign		t and registered office on	file with the
	Clive N. Morgan	, <u>.</u>	· · · · · · · · · · · · · · · · · · ·	
	6712 Atlantic Boul	evard		
	Jacksonville, FL 32	2211		
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):				
	6675 Corporate Co			58.05
	Jacksonville, FL 32	P.O. Box NOT ac 2216	ceptable	5 2 4.01
The street addre			dress of the business office	ce of its registered agent,
Such change wa authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted b tion has been notifi	y its board of directors or ed in writing of the chan	r by an officer so ge.
Cur 11 Signatu	Myun re of an officer or director	 -	Clive N.	Morgan me and title
		istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
_ Clur 1	Myrgur mature of Registered Agent		October 2	21, 2011
_			Date	
	chalf of an entity:	•		
	Clive N. Morgan 'yped or Printed Name	<u></u>		
	*	* * 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)