

P/3000036617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

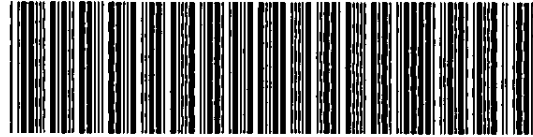
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Benedict MORELLI PA
Name of Corporation

DOCUMENT NUMBER: P13000036617

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:

BEN MORELLI
Name of Contact Person

Firm/Company

620 SW YACHT BASIN WAY
Address

STUART FL 34997
City/State and Zip Code

BJMORELLI@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN MORELLI at (561) 714 4347
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: Benedict MORELLI PA
2. The principal office address: 620 SW YACHT BASIN WAY
STUART FL 34997
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/22/13 Document number: P130000 366 17
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)

JAMES GUEST CPA
50 KINDRED STREET Ste 303
STUART FL 34994

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

BEN MORELLI
620 SW YACHT BASIN WAY
STUART FL 34997

P.O. Box NOT acceptable

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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.

Bell
Signature of an officer or director

Benedict MORELLI PRES
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.

Bell
Signature of Registered Agent

11/4/13
Date

If signing on behalf of an entity: .

BEN MORELLI
Typed or Printed Name

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