

Division of Corporations

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To:				7
10.	Division of Co	rporations	** **	1
		: (850)617-6380		22
From:			~· ·	72-
	Account Name	: REGISTERED AGENT SOLUTIONS INC		<u>بر</u> بزر
	Account Number	: 1201 000 00062	-	(2)
	Phone	: (888)705-7274	7	2
	Fax Number	: (888)706-7274	•••	1,0
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.		S TALL	ENT	
Email Address:			MAR 25	2019

IBHAR 22 AN 7: 51 ACENT TO THE

REGISTERED AGENT CHANGE MORGAN-WHITE, LTD., INC.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: MORGAN-WHITE, LTD., INC.
Name of Corporation
P37663

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:

Margot Mullin
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd, Ste 300
Address
Austin, TX 78744
City/State and Zip Code
notices@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin
Name of Contact Person

at (888) 705-7274
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 15129570210

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or r to change its registered office or r	organized und	er the laws of	the State of N	lississippi	
1. The name of	the corporation: MORGAN-V	VHITE, L	TD., IN	C		
	office address: 500 STEED			LAND, MS	S 39157	
3. The mailing a	address (if different): P.O. BOX	X 14067	JACI	KSON, M	S 39236	 -
4. Date of incor	poration/qualification: 2/27/19	92 _{Do}	ocument num	P3766	3	
5. The name and	street address of the current register rtment of State: (If resigned, enter re CTCORPORATI	ered agent and esigned)		fice on file with		
	1200 SOUTH PINE ISLAND	ROAD				
	PLANTATION		FL 3	3324	HAR 22	1
6. The name and (if changed):	I street address of the new registered	d agent (if cha	nged) and /or	registered offk		ì
	Registered Agent Solutio	ns, Inc.			1 29	
	155 Office Plaza Dr., Sui					
	Tallahassee, FL 32301	x NOT acceptable	<u></u>			
The street address changed will	ess of its registered office and the s be identical.	treet address (of the busines	ss office of its i	registered agent,	
Such change wa authorized by the	as authorized by resolution duly ad- ne board, or the corporation has been	opted by its ben notified in	oard of direct writing of the	ors or by an of change.	licer so	
	d L. Eaton	Ric	hard L. l	Eaton	Secretary	
I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	l statutes relai and accept the reflect a cha	tive to the pro e obligation of unge in the re	oper and compl of my position a gistered office	is registered	
	yr	02/2	20/2019			
_	half of an entity:			Date		
	vell - Assistant Secretary pped or Printed Name					