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(((H23000174625 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future I annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|       |          |  |  |  |

## REGISTERED AGENT CHANGE THE MORGANTI GROUP, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

2023 H.3 Y 10

Electronic Filing Menu Corporate Filing Menu

The Morganti Group, Inc.

## **COVER LETTER**

TO: Amendment Section Division of Corporations

15129570210

| SUBJECT: THO MOTGATH CTOUP; HOT   |                            |
|---|----------------------------|
| Name of Corporation   |                            |
| DOCUMENT NUMBER: P41056   |                            |
| 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: |                            |
| Vanessa Castillo  |                            |
| Name of Contact Person  |                            |
| Registered Agent Solutions, Inc.  |                            |
| Firm/Company  |                            |
| Corporate Center One, 5301 Southwest Pkwy, Ste 400                        |                            |
| Address   |                            |
| Austin, Texas 78735   | <u></u> 20                 |
| City/State and Zip Code   | 23 <b>HA</b>               |
| E-mail address: (to be used for future annual report notification)        | SECHANIO                   |
| For further information concerning this matter, please call:              | AH 8: 3                    |
| Vanessa Castillo  | √ <sup>705-7274</sup>      |
| 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha   | inge is submitted for a corpor  | 02, 617,0502, 607,1508, or 617,15 ration organized under the laws of ice or registered agent, or both, in a  | the State of Conne  |  |
|--|---|--|---|--|
|  | the corporation: The Mor  | -  |   |  |
| 2. The principal   |   | orth U.S Highway 1, S  | Suite C   |  |
| 3. The mailing a   | address (if different):   |  |   |  |
| 4. Date of incor   | poration/qualification: 10/1  | 19/1992 Document numb  | <sub>er:</sub> <u>P41056</u>                                  |  |
|  | d street address of the current riment of State: (If resigned, e                              | registered agent and registered off enter resigned)  | ice on file with the  |  |
|  | CT CORPORA  | ATION SYSTEM   |   |  |
|  | 1200 S. PINE ISLAND   | ROAD   |   |  |
|  | PLANTATION  | FL 33  | 3324 55   | 7023 H                                   |
| 6. The name and (if changed):  |   | gistered agent (if changed) and /or i  | registered office 5.  | 7023 HAY 1 0 A                           |
|  | Registered Age  | ent Solutions, Inc.  |   |  |
|  | 2894 Remington (  | Green Ln. Ste. A   |   | æ. <b>∞</b>                              |
|  | Tallahassee   | P.O. Box NOT acceptable FL 32308   |   | <del></del>                              |
| The street address changed will  | ess of its registered office and<br>be identical.   | d the street address of the busines  | s office of its registe                                       | red agent.                               |
| Such change wa   | as authorized by resolution d<br>he board, or the corporation l                               | luly adopted by its board of direct<br>has been notified in writing of the   | ors or by an officer s<br>change.                             | ю  |
| Isl Thamer 1   |   | Thamer Rush  |   |  |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is bei | the appointment as registere<br>to comply with the provision<br>ad I am familiar with and acc | ed agent and agree to act in this c<br>s of all statutes relative to the pro<br>rept the obligation of my position<br>hange in the registered office add | ·<br>capacity,<br>per and complete pe<br>as registered ayent, | erformance<br>Or, if this<br>on that the |
| M  | مدهي طال  | 5/10/2023  |   |  |
| Sig  | nature of Registered Agent  |  | Date  |  |
| If signing on be   | half of an entity:  |  |   |  |
| Mackenzie Hible  | er, Assistant Secretary   |  |   |  |
| ľ  | yped or Printed Name  | <del></del>  |   |  |
|  | * * * [   | 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 (04/13)