DOCUMENT # P9500034847 1. Entity Name MORRIS FINANCE COMPANY, INC.				FILED Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90082 034 ***158.75	
Principal Place of Business		Mailing Address		ŧ	
11035 N.W. 27T MIAMI FL 33167		P.O. BOX 52-1895 MIAMI FL 33152-1895		A CROMENT OF ARREST MAN AND AND ROLL CREEK HILL START HILL BIRLS 1801 1811	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0602627 Applied For Not Applied For	
Zip	Country	Zip C	ountry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent	
CHESNEY, BRUCE A 11035 N.W. 27TH AVE MIAMI FL 33167			Street Address	s (P.O. Box Number is Not Acceptable)	
MLAN	11 FL 33167		City	FL Zip Code	
8. The above	named antity submits this statement for	the purpose of changing its regis	stered office or registe	tered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: Regi	istered Agent signature require	ired when reinstating) DATE	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! F After MAY 1, 2000 F Make Check Payable to	ee will be \$550.00	I HUSE FUND CONTINUENTS. C. AUGEG TO FEES	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESNEY, BRUCE A 11035 N.W. 27TH AVE MIAMI FL 33167	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **DRUCE** CHESINE** **SIGNATURE** **SIGNATURE** **Provided Statutes** **Provided Statutes** **DRUCE** **CHESINE** **Provided Statutes** **Provided Statutes*					
0,0,1741	SIGNATURE AND TYPED OR PE	RING OF NAME OF SIGNING OFFICER OR DI	RECTOR	pay Daytime Phone #	