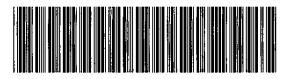
P97000017294

(Re	questor's Name)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

R6/Ch8 Ca4111.08

COVER LETTER

	CUDIECT.		I Wil Mor	wie D. A
	SUBJECT:		(Name of	ris P.A. (Corporation)
I	DOCUMENT NUMBER:		P97000027294	
-	The enclosed Sta	atement of Change	e of Registered Off	fice/Agent and fee are submitted for filing.
1	Please return all	correspondence c	oncerning this mat	tter to the following:
				,
			J. Wil Mor	ris Contact Person)
0	₩.		(Name of C	Contact Person)
. 6	ATI			
	SI		J. Wil Mori (Firm/	ris P.A.
-	J. Wil Morris P.A. (Firm/Company) SUSS EVALUATION SUITE 560 (Address) (Address)			
APR II AM 8:	SSE	•		
2008 APR 11	ETA			ne Boulevard, Suite 560 ddress)
€ 54 € 54			(A)	duiess)
700	B.M.			
			Miami, FL	33161-7810 and Zip Code)
т	Zan Kumban in Cam		_	-
r	or turner intor	mation concerning	g this matter, pleas	e can:
_		J. Wil Morris Name of Contact I		at (305) 374-5160
	(1	Name of Contact I	Person)	at (<u>305</u>) <u>374-5160</u> (Area Code & Daytime Telephone Numbe
E	Enclosed is a \$3	5.00 check made p	payable to the Dep	artment of State.
		Mailing A	Address: ent Section	Street Address: Amendment Section
			of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



April 2, 2008

J. WIL MORRIS J. WIL MORRIS P.A. 10800 BISCAYNE BOULEVARD - SUITE 560 MIAMI, FL 33161-7810

SUBJECT: J. WIL MORRIS, P.A. Ref. Number: P97000027294

We have received your document for J. WIL MORRIS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 308A00019499

Irene Albritton
Regulatory Specialist II

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati inge is submitted for a corporation organized under the laws of the State of <u>Flo</u> ir to change its registered office or registered agent, or both, in the State of Flori	orida
1. The name of th	the corporation: J. Wil Morris P.A.	
2. The principal of	office address: 10800 Biscayne Boulevard, Suite 560, Miami, FL 33161	-7810
3. The mailing ad	address (if different):	
4. Date of incorp	poration/qualification: 03/21/1997 Document number: P970000	27294
	d street address of the current registered agent and registered office on file with the tement of State:	
	Jolyon W Morris	081
	44 West Flagler St., Ste 675	APR
	Miami, FL 33130	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	08 APR 11 PM 4: 23
	Jolyon W Morris	, υ
_	10800 Biscayne Blvd., Ste 560	
	(P.O. Box NOT acceptable)	
	Miami, FL 33161-7810	
The street address as changed will be	ess of its registered office and the street address of the business office of its re be identical.	gistered agent,
Such change was	s authorized by resolution duly adopted by its board of directors or by an off he/board, or the corporation has been notified in writing of the change.	icer so
	Marker D. Who.	•
I hereby accept to I further agraph to of my duties, and document is being	the dispositive or queetor) the dispositivent as registered agent and agree to act in this capacity, for comply with the provisions of all statutes relative to the proper and comple at a lam familiar with and accept the obligation of my position as registered as nearly dispositive to reflect a change in the registered office address. I hereby complete the control of the proper and accept the obligation of my position as registered as nearly to reflect a change in the registered office address. I hereby the control of the proper and accept the control of the proper and accept the control of the proper and accept the control of the proper and t	rte performance
corporation has	Seeh notified in writing of this change.	~ <u>`</u>
(Shar If signing on beh	half of an entity:	
	-	
(Ť)	Typed or Printed Name)	
	* * * 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)