(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Mornington Consulting Partners, Inc.

Name of Corporation

DOCUMENT NUMBER:

P97000079391

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:

Leigh A. Hough

Name of Contact Person

Mornington Consulting Partners

Firm/Company

777 Bayshore Drive, Suite 803

Address

Ft Lauderdale, FL 33304

City/State and Zip Code

leigh.hough@morningtoncp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh A. Hough

,561

2122567

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

	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida		
in order t	to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the	e corporation: Mornington Consulting Partners, Inc.		
2. The principal o	ffice address: 777 Bayshore Drive, Suite 803, Ft Lauderdale, FL 33304		
-,, ',, ' , , , , , , , , , , , , , , , 			
3. The mailing add	dress (if different): same		
4. Date of incorpo	pration/qualification: September 12, 1997 Document number: P97000079391		
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)		
1	Michael E. Greene		
9	9900 West Sample Road, Suite 324		
(Coral Springs, FL 33065		
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office		
_	Joni L. Hough		
-	777 Bayshore Drive, Suite 803		
	P.O. Box NOT acceptable		
<u>!</u>	Ft Lauderdale, FL 33304		
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.		
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.		
[c /	Leigh A. Hough, President		
5	of an officer or director Printed or typed name and title		
I further agree to performance of m	he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete ny duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.		
Signa	ture of Registered Agent Date Date		
U . If signing on beha			
JONI	House		
	ed or Printed Name		

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