9/13/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002754013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (514)280-3338

Fax Number

: (954)208-0845

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

Email Address:_

REGISTERED AGENT CHANGE MORSE COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Mid., 4755 Millio Walkers, William Million

1

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ange is submitted for a corporation organized under the laws of the State of FLORIDA
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: MORSE COMMUNICATIONS, INC.
2. The principal	office address: 395 EAST DR. MELBOURNE, FL 32904
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 10/23/1998 Document number: P98000091630
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	STUDENBERG, GANON J
	1119 PALMETTO AVENUE
	MELBOURNE, FL 32901
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office of the CT Corporation System
	CT Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so see board, or the corporation has been notified in writing of the change.
The state of the s	Printed or types name and title
_	the appointment as registered agent and agree to act in this capacity.
performance of a agent. Or, if this hereby confirm t	o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
By:	Acture of Registered Agent 912 2019
If signing on beh	nalf of an entity:
Lindsay Ply	MMWC2— ped 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 (03/12)