7/1/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE PRICE MORGAN VACATION RENTALS, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

a)			o)	er die en de stade verwegen en er was in die se verweisen de weren werden en between de stere en de se troit		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				}
	9900 S. Thomas Dr. #501Panama City Beach, Fl: 32408	2035 Lakes	ide Centre WaySte 1509			
		KNOXVIL	VILLE, TN 37922			
	09/24/2003		L030000364	4}		
	Date of filing/registration in Florida	4.		Document number		
(a)	James Tipps					
, 43	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	;;		
	Registered Office Address (MUST BE FLORIDA STREET A	DORES	<u>. </u>			
	1200 South Pine Island Road			~	¥ :	
	PLANTATION FL	,		1	Č	
	270				21 JUL -1	9
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:					Ç
	Eller haine of WEW Registres Agent allow Registers	(714)EE H	<u>.u. (-3.1</u> .		AM 10: 48	CONFORATIONS
					÷	7
	NEW Registered Office Address:			ထ	Č	
	1200 South Pine Island Road			Ü		
	Phantation , FL	3,3324				
cha ii w we urti M	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	rs of the the reg bility c the lir imited	e State of Flo istered office company, it is nited liability	orida, it is hereby confirm and the business office s hereby confirmed that t y company or as otherwi- npany.	of the regi he change se provide	ister (s)
	ure of a member or authorized representative of a member			Printed or typed name of sign		, .
risio Obli ere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete to igations of my position as registered agent as provided thy reflect a change in the registered office address, I h I'in writing of this change.	ee to ac perform I for in ereby c	t in this cap nance of my Chapter 603 confirm that	acity. I further agree to dutics, and I am familiar i. F.S. Or, if this docume the limited liability comp	comply will with and control is being bank has being bank has being bein	th th acce g file een