## F15425

(Re	equestor's Name)	``````````````````````````````````````
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: HARBOUR CASTLE INVESTMENTS, CORP.			
(Name of Corporation)			
DOCUMENT NUMBER: F15425			
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:			
John M. Dart			
(Name of Contact Person)			
Ruden, McClosky, Smith, Schuster & Russell, P.A. (Firm/Company)			
1515 Ringling Boulevard, Suite 700 (Address)			
Sarasota, FL 34236 (City/State and Zip Code)			
For further information concerning this matter, please call:			
John M. Dart at (941) 316-7600  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(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

J. ...

statement of change is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State ofFlorida egistered agent, or both, in the State of Florida.
1. The name of the corporation: Harbour	
•	dalwood Drive, Sarasota, FL 34231
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/20/19	Document number: F15425
5. The name and street address of the current register Florida Department of State:	ed agent and registered office on file with the
John M. Dart	
1549 Ringling Blvd.	Suite 600
Sarasota, FL 33578-	-6017 06 T
6. The name and street address of the new registered (if changed):  John M. Dart  1515 Ringling Boule (P.O. Box NOT accessorate), FL 34236	evard, Suite 700
The street address of its registered office and the s as changed will be identical.	treet address of the business office of its registered agent,
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
(Signature of an officer or director)	Ruth Hart-Stephens (Printed or typed name and title)
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
Whan Doit	11/21/06
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	
* * * FILIN	G 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)