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S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations			
Harrison Holdings LLC			
	Name of Limited	Liability Company	<del></del>
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing	ıg.
Please return all correspondence concerning	g this matter to th	ne following:	
James Harrison			
Name of Person		<del></del>	
Harrison Holdings LLC			
Firm/Company		<del></del>	H 18
600 Imperial Drive			FIELD FIELD
Address			FIEED MASSES, F
Mohnton, PA 19540			PH 5: 19 EE, FLORIDA
City/State and Zip Coc	le		ATE NO PRIDA
jharrison@manapp.com			•
E-mail address: (to be used for future	annual report no	tification)	
For further information concerning this mat	ter, please call:		
James Harrison	610	777 4230	
Name of Person		Area Code & Daytime Te	lephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	; [	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Co	рру

INHS18 (2/14)

## 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.

1. Name of the limited liability company: Harrison Holdings LLC						
2	(a)	Harrison Holdings LLC	(b) Harrison Holdings LLC			
	(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		600 Imperial Drive	600 lmp	600 Imperial Drive		
		Mohnton, PA 19540	Mohnton, PA 19540			
		08/16/2002	L020000	021095		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Jay A Brett				
٠.	()	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Sta	de:		
		9100 College Pointe Court				
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_		
	(b)	FT. Myers, F	L 33901	FIE 18 OCT -4 SCON IASSE		
	(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			
		1407 Piedmont Drive East		. 1000 # 5: -		
		NEW Registered Office Address:				
		Tallahassee F	L_32308	_		
the ag wa the	e cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered offic liability company, it of the limited liabili	tee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.		
		ture of a member or authorized representative of a member	reas to ast in this	Printed or typed name of signee		
pri the to no	nerei ovisi e obl mere tified	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, I immitting of this change.	gree to act in this cap e performance of my ed for in Chapter 60 l hereby confirm that	pacity. I further agree to comply with the ordules, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
-Si	gnatu	no of Registered Agent				