

L14 0000 25898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

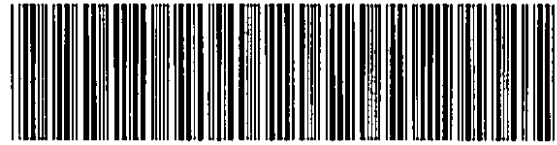
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

Harrison's Holdings II, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Rode, MGRM

Name of Person

Harrison's Holdings II, LLC

Firm/Company

1007 N Federal Highway, # 293

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

Harrisonsholdings@yahoo.com

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

For further information concerning this matter, please call:

Laura Rode, MGRM

954

740-0521

at () _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

Harrison's Holdings II, LLC

1. Name of the limited liability company: _____
 1007 N. Federal Highway, # 293 _____ 1007 N. Federal Highway, # 293 _____

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Fort Lauderdale, FL 33304 _____
 Fort Lauderdale, FL 33304 _____

02/14/2014 _____ 1.14000025898 _____

3. Date of filing/registration in Florida _____ 4. Document number _____
 Weinberg, Steven _____

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Weinberg, Steven _____

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)
 C/O Frank, Weinberg & Black, P.L. _____
 7805 SW 6th Court, Plantation 33324 _____
 _____, FL _____

Laura Rode _____

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: _____

NEW Registered Office Address:
 1007 N Federal Highway, #293 _____

 Fort Lauderdale 33304 _____
 _____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Laura Rode _____
 Signature of a member or authorized representative of a member Printed or typed name of signee
 Laura Rode, MGRM

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Laura Rode _____
 Signature of Registered Agent

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL