I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 05/10/2024

SIGNATURE: MADELAINE L MARTINEZ

Electronic Signature of Signing Authorized Person(s) Detail

2226 NW 8TH COURT GAINESVILLE. FL 32609

Current Mailing Address:

DOCUMENT# L13000111758

Current Principal Place of Business:

2226 NW 8TH COURT GAINESVILLE, FL 32609 US

FEI Number: 46-3353829

Name and Address of Current Registered Agent:

MARTINEZ, MADELAINE L 10310 NE 99TH PLACE ARCHER, FL 32618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MADELAINE L MARTINEZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM
Name	MARTINEZ, MADELAINE L
Address	2226 NW 8TH COURT
City-State-Zip:	GAINESVILLE FL 32609

Entity Name: HARBOR & ASSOCIATES INSURANCE BROKERS, LLC

Certificate of Status Desired: Yes

05/10/2024

Date

Date

FILED May 10, 2024 Secretary of State 3901594573CC

AGENT/OWNER