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.

SIGNATURE: MADELAINE L MARTINEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: HARBOR & ASSOCIATES INSURANCE BROKERS, LLC

Current Principal Place of Business:

921 NW 13TH STREET GAINESVILLE, FL 32601

Current Mailing Address:

DOCUMENT# L13000111758

921 NW 13TH STREET GAINESVILLE. FL 32601 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	921 NW 13TH STREET
City-State-Zip:	GAINESVILLE FL 32601

Certificate of Status Desired: No

FILED Nov 11, 2016 Secretary of State CR1996696047

Date

11/11/2016

MANAGER

Date

11/11/2016

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT