462153

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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T. LEMIEUX

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:	Harding Inves	stments, Inc	
	Name of	Corporation	
DOCUMENT NUMBE	ER:	462153	
The enclosed Statement	of Change of Registered Offi	ice/Agent and fee are su	ubmitted for filing.
Please return all corresp	ondence concerning this matt	er to the following:	
	Michael	B. Stevens	
	Name of C	ontact Person	
	Firm/C	Company	
		ın Way #12-A	
	Ad	dress	
		orida 33477 and Zip Code	
	•	•	
E-m	ail address: (to be used for	ens@gmail.com future annual report i	notification)
For further information of	concerning this matter, please	call:	
	el B. Stevens	at (305)	401-1364 Daytime Telephone Number
Name of	Contact Person	Area Code & D	Daytime Telephone Number
Enclosed is a \$35.00 che	eck made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section	Street Add	
	Division of Corporations		nt Section f Corporations
	P.O. Box 6327	Clifton Bu	•
	Tallahassee, FL 32314		utive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State angle is submitted for a corporation organized under the laws of the State of $\frac{Flor}{Flor}$		
in orde	er to change its registered office or registered agent, or both, in the State of Flori	da.	_
1. The name of	the corporation: Harding Investments, Inc.	····	
2. The principal	office address: 1850 Bay Drive		
Miami Bea	ach, Florida 33141		
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 10/28/1974 Document number:	462153	
	d street address of the current registered agent and registered office on file with the trument of State: (If resigned, enter resigned)	ie —	
	Jack Stevens	் க்க	艿╸
	1850 Bay Drive		ΕΕ - Θ - Θ
	Miami Beach, Florida 33141	₹ <u>₹</u> 9 - 4.	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	H. M. O.	
	Michael B. Stevens		
	1420 Ocean Way #12-A		
	P.O. Box NOT acceptable		
	Jupiter, Florida 33477		
The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered ager	nt,
Such change wa authorized by t	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so	
	Henry Stevens, Direct	tor	_
I hereby accept	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby considered in writing of this change.	te performan gent. Or, if th onfirm that th	ıce his he
Lin	nature of Registered Agent Date		_
If signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *