

636812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

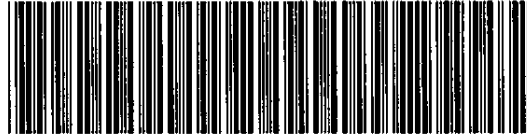
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800269139568

03/04/15--01006--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR - 4 PM 1:33

C.L.
3-6-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAROLD HART & ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: 636812

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARC R. REISINGER
Name of Contact Person

HAROLD HART & ASSOCIATES, INC.
Firm/Company

6928 WEST LINEBAUGH AVENUE, SUITE 101
Address

TAMPA, FL 33625
City/State and Zip Code

marc@hhart.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC R. REISINGER at (813) 287-2719
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HAROLD HART & ASSOCIATES, INC.
2. The principal office address: 6928 WEST LINEBAUGH AVENUE, SUITE 101, TAMPA, FL 33625
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: SEPTEMBER 20, 1979 Document number: 636812

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

CRAIG W. KALHOEFER

4201 GRAY STREET

TAMPA, FL 33609 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CRAIG W. KALHOEFER


6928 WEST LINEBAUGH AVENUE, SUITE 101

P.O. Box NOT acceptable

TAMPA, FL 33625

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Marc R. Reisinger VP

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

03-02-15

Date

If signing on behalf of an entity:

Craig W. Kalhoefer

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR - 4 PM 1:33