8805

| (R | (equestor's Name) |
|-------------------------|------------------------|
| (A | ddress) |
| (A | ddress) |
| (C | ity/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (E | Business Entity Name) |
| (0 | Occument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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Office Use Only



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CT. CORPORATION

June 11, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5869923 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Harbour Island, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

| ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, we undersigned corporation organized under the laws of the State of Florida About the following statement in order to change its registered office or registered great or both in | |
|---|---|
| abmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. The name of the corporation: Harbour Island Inc. | |
| The mailing address of the corporation: 2700 Sanders Road, Prospect Heights, IL 60070 | |
| Date of incorporation/qualification: 9/27/79 Document number: 638805 | |
| The name and address of the current registered agent and office: | |
| D. G. Ker r | |
| ZII E. Madison St., 23rd FL | |
| Tamps, FL 33602 The name and address of the new registered agent (if changed) and/or registered office (if changed): | |
| The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) | |
| C T Corporation System | |
| CT Corporation System c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324 | _ |
| Plantation, Florida 33324 | 7 |
| he street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical. | ì |
| he street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical. uch change was authorized by resolution duly adopted by its board of directors or by an officer in thorized by the board. | |
| (Signature of an officer, chairman or vice chairman of the board) [Date] (Date) | |
| Vice President (Printed or typed name and title) | |
| aving been named as registered agent and to accept service of process for the above stated or proporation, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete exformation of my duties, and I am familiar with and accept the obligation of my position as a gistered agent. The constant of the above stated by the appointment of the proper and complete extension of my position as a gistered agent. Beverlee Stuews | |
| (Signature of Registered Agent) Assistant Segretary | |
| signing on behalf of an entity: | |
| (Typed or Printed Name) (Capacity) | |
| * * * FILING FEE: \$35.00 * * * | _ |

CR2E045(9/00)