

A10174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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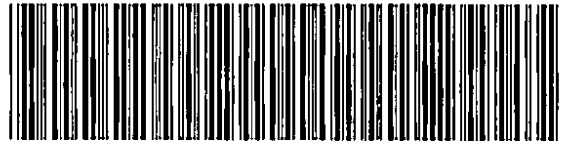
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARBOUR RIDGE LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 10174

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

Please return all correspondence concerning this matter to:

JACK C. Schuler
Contact Person

HARBOUR Ridge LTD.
Firm/Company

10810 S. TROPICAL TRAIL
Address

Merritt Island, Fl. 32952
City, State and Zip Code

GRAYFISH@CFL.PR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK C. Schuler at (321) 777-6092
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HARBOR RIDGE LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/06/81
Date of filing/registration in Florida

3. 1710174
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JACK C. Schuler
Name
246 SW VOLTAIR Terrace
Address
Port St. Lucie, FL 34984
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Name
10810 S. TROPICAL TRAIL
Florida street address (P.O. Box not acceptable)
Merritt Island FL 32952
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jack C. Sehl
Signature of General Partner

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 obligations of my position as registered agent.

Jack C. Schler
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50