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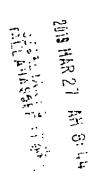
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C Money



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

The Mark Co. As South

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: March 25, 2019

Order#: 682424/009

Re: HARBOR CITY TOWERS LLLP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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, I	Florida Sta	tutes, th	ne undersig	ned limited	<u>.</u>
partnership or limited liability change its registered office or	registered agent, o	p submits or both, in t	the follo the state	owing state of Florida	ement in order tö: 1.	
1	HARBOR CITY	Y TOWE	RS LLI	LP	'	
Name of Limi	ted Partnership or Li	imited Liab	ility Lim	ited Partner	ship	
	03/03/2014 3. A1400					•
2. 03/03/2014 3. A1400 Date of filing/registration in Florida Florida foca					ment number	
4. The name of the registered ag Department of State:	ent and the registered	d office add	ress as s	hown on the	e records of the Flo	orida
REGI	STERED AGE	NT SOLL	JTION	S. INC		
		.me		<u></u>	•	
155	OFFICE PLAZ	A DRIVE	E SUIT	ΈA		
	Add	lress			-	
TALL	AHASSEE, FL	32301				
	City, Stat	e and Zip			•	
5. The name and Florida street ac	dress of the new reg	istered age	nt and/or	office;		
	Corporation Se	rvice Cor	npany			
	Na	me				
	1201 Hay	s Street				
Flor	rida street address (P	.O. Box not	accepta	ble)		
	Tallahassee		FL.	32301		
	City, State	and Zip				
6. Such change(s) is/are effective		orida Depa	rtment o	f State.		
Xee & Con	L					
Signature of General Partner						
Jill Cilmi, Vice President on behalt I hereby accept the appointment a	r of Preservation of A s registered agent an	ffordable H ad agree to	ousing, I act in th	nc., Genera is canacitu	l Partner	
-comply with the provisions of all s	tatutes relative to the	? proper an	d compli	ete perform	ance of my duties,	
Corporation Service	he obligations of my	position as	register	ed agent,		
By: I Inco Cokuk).[e					
Signature of Registered Agent Grace E. Kirby, Asst. Vice	Procident					
	i resident					
Filing Fee: Certified Copy (antional)	\$35.00					
Certified Copy (optional):	\$52.50					