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(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(//0	iuless)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	☐ MAIL
_	_	_
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	JECT: Harbor Apartments, LTD.	
	Name of Limited Pa	rtnership or Limited Liability Limited Partnership
DOC	UMENT NUMBER: A9400000	0067
	nclosed Statement of Change o are submitted for filing.	f Registered Office and/or Registered Agent and
Please	e return all correspondence con	cerning this matter to:
Judy I	Butz	
	Contact Person	
Contir	nental Property Services, Inc.	
	Firm/Company	
444 Sc	eabreeze Blvd. #600	
	Address	
Dayto	na Beach, Fl 32118	
	City, State and Zip C	
judy@	epsine.org	
ŀ	-mail address: (to be used for future a	annual report notification)
For fi	orther information concerning t	his matter, please call:
Judy 1	Butz	at (<u>386</u>) 238-7400
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclo	sed is a \$35.00 check made pay	yable to the Florida Department of State.
Maili	ng Address:	Street Address:
_	tration Section	Registration Section
	ion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee FL 32303

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.

_{l.} Harbor Apa	artments, LTD.			
	Name of Limited Partnership or Lir	nited Liability Limited Partnership	p	
_{2.} 01/11/1994		3. A9400000067		
Date of fil	of filing/registration in Florida Florida docur		it number	
4. The name of the Department of Stat	e registered agent and the registered e:	office address as shown on the re	cords of the Florida	
	Russell Bryant, c/o Continer	ntal Property Services, Inc.		
	Nan	me		
	444 Seabreeze Blvd. #	[‡] 600		
	Add	ress		
	Daytona Beach, FL 32	2118		
	City, Stat	e and Zip		
5. The name and f	Florida street address of the new reg	sistered agent and/or office:		
	Brian Adamson, c/o Contine	ntal Property Services, Inc.		
	Na	me	777	
	444 Seabreeze Blvd. #	[‡] 600	241	
	Florida street address (P	'.O. Box not acceptable)	## #	
	Daytona Beach	_{FL} 32118	24 ROV -4	
	City, State	e and Zip		
5. Such change(s)	is are effective when filed by the F	lorida Department of State.	4 5: 10	
Signature of Gener	al Partner			
comply with the pr	e appointment as registered agent a ovisions of all statutes relative to th with an accept the obligations of my	ie proper and complete performan		
Signature of Regis	tered Agent	~		
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50