A95000001688

(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:							

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SEC TILL TO THE D
SEC TILL TO

OCT 11 2019 S. YOUNG

COVER LETTER

TO:		of Corporations						
SUBJ	JECT:	Harbort	own Mari	na Cai	navera	al, Ltd.		
		Name of Limited Partr	nership or Limi	ited Liabi	lity Limi	ted Partnership		
DOCUMENT NUMBER:			Α	A95000001688				
		atement of Change of lated for filing.	Registered C	Office an	id/or Re	egistered Agent and		
Pleas	e return all	correspondence conce	erning this m	atter to:				
		Jan Chnupa			_			
		Contact Person			_			
	Harb	ortown Marina Cana	veral, Ltd.					
		Firm/Company						
		2700 Harbortown D)rive					
		Address			_			
		Merritt Island, FL 32	2052					
		City, State and Zip Coo			_			
		-						
F	E-mail addres	janc@harbortownm s: (to be used for future an		ification)		_		
		mation concerning this						
	•	Jan Chnupa	at (321)	453-0160		
	Name of 0	Contact Person			and Dayt	ime Telephone Number		
Enclo	osed is a \$3	5.00 check made paya	ble to the Fl	orida D	epartme	ent of State.		
STRI	EET ADD	RESS:		MAII	JING A	ADDRESS:		
Registration Section				Registration Section				
Division of Corporations				Division of Corporations				
Clifton Building 2661 Executive Center Circle				P. O. Box 6327				
	Executive bassee FL			I allah	iassee, l	FL 32314		
- rana	Hanskil, E.L.	.) 4.31/1						

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	Harbortown Mari						
Nar	ne of Limited Partnership or Lir	nited Liability I	Limited Partnership)			
2. 11/2	95	3	A9500000				
Date of filing	registration in Florida		Florida document number				
4. The name of the reg Department of State:	gistered agent and the registered	office address	as shown on the rec	ords of the Florida			
	Jan Chnu	pa - CEO					
	Nai	ne					
		E 2 79					
		S					
) }	三					
		- SE 23 E					
5. The name and Flori	da street address of the new reg	istered agent an	id/or office:	SEP 23 PH 6: 15 ALLAHASSLE FLORID			
	Michael Chnupa	- Vice Presi	dent	- FOUNDA - 1:2 1:2 - 1:2 1:2 1:2 1:2 1:2 1:2 1:2 1:2 1:2 1:2			
	Nai	ne		₩ 75			
	2700 Harbor	rtown Drive					
	Florida street address (P	O. Box not acc	eptable)				
	Merritt Island	FI	32952				
	City, State	and Zip					
6. Such change(s) is/a	re effective when filed by the Fl	orida Departme	ent of State.				
mn. C	muja						
Signature of General P	artner						
comply with the provis and I am familiar with	pointment as registered agent ar ions of all statutes relative to th an accept the obligations of my	e proper and co	omplete performanc				
Signature of Registered	Agent						
<u> </u>	C						

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50

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