APBOUUAS 64

(Re	questor's Name)	<u>-</u> .
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JUL 6 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HARBOR Specase LTD Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A 98 00000 2564
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:
RICHARA W. PATTOD, Ja
HARDIR STRAGE LTD Firm/Company
86 BETHEL ROAD Address
Address 102.42
GLEN MIL PA 19342 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (104ANA W . PATION , Ja at (6/0) 357 - 8790 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. Harbor Storage LTD

Name of Limited Partnership or Limited Liability Limited Partnership 3. <u>A 98 00000 2564</u> 11/16/98 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: SAMUEL A. BLUCK 2127 10th AVENUE

Address
VERO BEACH, FL 32960

City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: KICHARA W. PATTON
Name Florida street address (P.O. Box not acceptable)

VAR 134ALA

City, State and Zip 6. Such change(s) is/are effective when filed by the Florida Department of State. 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 Lamfoniliar with an accept the obligations of my position as registered agent.

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50