12/14/21, 3:48 PM

Division of Corporations

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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C11	Address			

REGISTERED AGENT CHANGE HARMON STORES INC.

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S. PRATHER

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By:

From: Lexus W

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes ation organized under the laws of the State of <mark>Delawa</mark> se or registered agent, or both, in the State of Florida	re	-	
1. The name of	he corporation: HARMON ST	ORES INC.			
2. The principal	office address: 650 Liberty Av	enue		_	
	Union, NJ 0708				
3. The mailing a	ddress (if different):			_	
4. Date of incorp	poration/qualification: 11/22/2	Document number: F10000005124			
	I street address of the current r tment of State: (If resigned, er	registered agent and registered office on file with the interresigned)			
	CORPORATION SERVICE C	COMPANY			
	1201 HAYES ST., STE. 105				
	TALLAHASSEE, FL 32301		ALLA.	למלו הבר	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				ולר ויל	
	C T Corporation System)FS	Ari y:	
	1200 South Pine Island Road		TATI ORII	بر	
	P.O. Box NOT acceptable				
	Plantation, Florida 33324				
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its regist	tered ager	ıt,	
Such change wa authorized by the	as authorized by resolution du ne hoard, or the corporation h	thy adopted by its board of directors or by an officer as been notified in writing of the change.	· so		
De.	Jan S	Jne Davis, Secretary			
Signatu	re of an officer or director	Printed or typed name and title		-	
I further agrée of my duites, ar document is hei	to comply with the provisions of I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	d agent and agree to act in this capacity, so all statutes relative to the proper and complete pept the obligation of my position as registered agentiange in the registered office address, I hereby confinis change.	verforman i. Or, if th irm that th	ice his he	
1111	Ch-	12/13/2021			
Sig	nature of Registered Agent	Date	•	-	
If signing And	ed Youran				
Assist	ant_Secretary				
	ped or Printed Name				

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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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