

F21330

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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DIVISION OF REVENUE

SEP 11 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Harbour Ridge Investments Inc.

DOCUMENT NUMBER: F 21330

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack C. Schuler

Name of Contact Person

Harbour Ridge Investments Inc.

Firm/ Company

10810 S. Tropical Trail

Address

Merritt Island, FL 32952

City/ State and Zip Code

Grayfish@CFR.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack C. Schuler

Name of Contact Person

at (321) 777-6092

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HARBOR RIDGE INVESTMENTS INC.
2. The principal office address: 10810 S. TROPICAL TRAIL
Merritt Island, FL 32952.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/26/81 Document number: F 21330

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JACK C. Schuler
246 SW VOLT AIR Terrace
Port St. Lucie, FL 34984

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

10810 S. TROPICAL TRAIL
P.O. Box NOT acceptable
Merritt Island, FL 32952

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DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jack C. Schuler
Signature of an officer or director

JACK C. Schuler, D
Printed or typed name and title

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 I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jack C. Schuler
Signature of Registered Agent

8-30-2018
Date

If signing on behalf of an entity:

JACK C. Schuler
Typed or Printed Name

*** FILING FEE: \$35.00 ***