Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE HARRISON FINANCE COMPANY

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Electronic Filing Menu

Corporate Filing Menu

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

statement of change is sui	bmitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statute rganized under the laws of the State of Mississ gistered agent, or both, in the State of Florida	sippi
· ——	ration: Harrison Financ	•	•
The principal office ad	dress: 2510 14th Stree	et, Gulfport, MS 39502	
3. The mailing address (if	f different); Attention: To	eresa Z. Lygate	
		, New Orleans, LA 70130	
4. Date of incorporation/o	qualification: 9-21-1998	Document number: F9800000	5272
5. The name and street ad		red agent and registered office on file with the	
Christ	ine E. Lent		五一
100 S	econd Avenue North	1	LU
St. Pe	tersburg, FL 33701		E. FL
6. The name and street ad (if changed):	ldress of the new registered	agent (if changed) and /or registered office	ORIDA
СТС	orporation System		
1200	South Pine Island Ro	oad	
	P.O. Box	NOT acceptable	
Plants	ation, FL 33324		
The street address of its as changed will be identi	registered office and the strical.	rect address of the business office of its regis	stered agent,
Such change was authorized by the board,	ized by resolution duly ado or the corporation has been	pted by its board of directors or by an office in outlined in writing of the change.	r so
2 Suprature of automate	Legastl	Teresa Z. Lygate, Assistant Se	
I hereby accept the appo I further agree to comply performance of my dulte, agent. Or, if this docume hereby confirm that the C T Copporation Syste	viniment as registered agent v with the provisions of all s s, and I am familiar with ar ent is being filed merely to corporation has been notific em	I and agree to act in this capacity, statutes relative to the proper and complete nd accept the obligation of my postition as rereflect a change in the registered office addited in writing of this change.	gister ed ress, I
B) Signature of Re-	gistered Agent	08/18/2013	
If signing on behalf of ar	- •	Kimberly Bowens	
	<u> </u>	Asst. Secretary	
Typed or Print	ted Name		,
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)