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SECRETARY OF STATE
FALL ARASSET, FLORIDA

FILED PR 27 PM (

CORPORATE DIRECT, INC.

60 East Simpson Avenue Post Office Box 2869 Jackson, Wyoming 83001

877-683-9343 Toll Free info@corporatedirect.com

April 23, 2007

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

Re: Harley Management FL, LLC

To Whom It May Concern:

Enclosed for filing, please find original and one copy of a statement of change of registered office or registered agent or both for Limited Liability Company.

Once filed, please provide our office with a file stamped copy for our records.

As always, should you have any questions or need further assistance, please do not hesitate to contact our office.

Sincerely,

Annette C. Finch

Account Representative

:acf encl

· · · COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HARLEY MANAGEMEN (Name of L	NT FL, LLC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ANNETTE FINCH	OT APR 27 PM 12: 3
(Name of Person)	
CORPORATE DIRECT, INC. (Firm/Company)	OF STATE FLORIDE
2248 MERIDIAN BLVD. STE H (Address)	——————————————————————————————————————
MINDEN, NV 89423 (City/State and Zip Code)	
For further information concerning this matte	er, please call:
ANNETTE FINCH (Name of Person)	at (775) 782-1302 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

g,		
1. The name of the limited liability company is: HARLE	EY MANAGEMENT FL, LLC	 .
2. The mailing address of the limited liability company	is: 2631 WINDING VIEW	
	SAN ANTONIO, TX 78258	
06/09/2004	L04000043356	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	ffice address as shown on the records of the	
PARACORP INCORPO	ORATED	
Name	0	
236 EAST 6TH AVENUE		,
Address	s	Ö 📆
TALLAHASSEE, FL 323	803	971 F
City, State an	nd Zip	P
6. The name and address of the new registered agent and	l/or office:	FILED PH 12: 35
GERRI DETWEILER		5
Name 1037 GREYSTONE LANI	E	
Florida street address (P.O. E	Box NOT acceptable)	
SARASOTA FL 3	34232	
City, State and	l Zip	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

JILL A. WILSON

MANAGER/MEMBER

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00