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## **COVER LETTER**

Division of Corporations	· •
HARRIS MERCER STEPHAN SUBJECT:	AND SCHERT LLC
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
KEN MERCER	
Name of Person	
HARRIS MERCER STEPHAN AND SCHER	T LLC
Firm/Company	<del></del>
4631 NW 53rd Avenue, Suite 104	
Address	
Gainesville, Fl. 32606	
City/State and Zip Co	de
ken.sisyfly@gmail.com	
E-mail address: (to be used for future	e annual report notification)
For further information concerning this ma	atter, please call:
KEN MERCER (en///er	352 328-0808 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1. N	ame of the limited liability company: HARRIS MERCE	ER STE	PHAN AND	SCHERT LLC
2. (a)			(b)	
, , ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4631 NW 53rd Avenue, Suite 104		same	
	Gainesville, FL 32606	<del></del>		
	07/06/2006		1.0600006	67662
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	)			
•	Registered Agent and Registered Office shown on the records of MARY P. STEPHAN	the Flori	da Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>	
	4631 NW 53rd Avenue, Suite 104		<del></del> .	<u> </u>
	Gainesville , FI	32606		
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	address:	72
	KEN MERCER			8
	NEW Registered Office Address:			<del></del> 9
	4631 NW 53rd Avenue, Suite 104			25.
		20.0		
	Gainesville , FI	_32606 		<u> </u>
changagent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of the operating agreement of the limited of a member or authorized representative of a member	registe ability of of the li limited	red office a company, i mited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
-	•			7.
provis the ob to mer	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is a priving of this change.	ree to a perfori d for in hereby	ct in this co nance of m Chapter 6 confirm tho	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	lan //er			
218Dan	ure of Registered Agent			