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| (Re | questor's Name) | | | |
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| (City/State/Zip/Phone #) | | | | |
| PłCK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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OF ALL ANASSEE FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-------------|---|--|--|
| SUBJ | Name of Limited Liability Company | | |
| Dear | Sir or Madam: | | |
| The e | nclosed Registered Agent/R | egistered Office Change and fee(s) are submitted for filing. | |
| Please | e return all correspondence o | oncerning this matter to the following: | |
| | Joe B. C | | |
| | Name of Perso | | |
| | Joe B. Cox, Attori | ey at Law | |
| | Firm/Company | | |
| | 1185 Immokalee Ro Address | ad, Ste. 110 | |
| | Naples, FL 3 City/State and Zip | | |
| - E | jcox@coxcarls | On.com nnual report notification) | |
| For fi | urther information concerning | g this matter, please call: | |
| | George Mantzidis Name of Person | at (at (| |
| | STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301 | Registration Section Division of Corporations P.O. Box 6327 | |
| | Enclosed is a check for t | ne following 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.

| 3 | | |
|--|--|--|
| Name of the limited liability company: HA | RMONY SHORES M | HP, LLC |
| 2. (a) Principal office address of limited liability compar | ıy: | |
| (Note: MUST BE STREET ADDRESS) | 28 BAMBOO DRIVE NAPLES FL 34112 | 2 OCT |
| (b) Mailing address of limited liability company: | | 1LED 22 AM 22 AM ASSEE, |
| (Note: MAY BE POST OFFICE BOX) | 28 BAMBOO DRIVE NAPLES FL 34112 | FLOR B |
| 02/18/2008 | L0800001 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida | Dept. of State: |
| Registered Agent: | NRAI SERVICES, INC | <u> </u> |
| Registered Office Address: | 515 E. PARK AVENU TALLAHASSEE FL 32 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> | George Mantzidis 1185 Immokalee Roa | |
| (MUST BE FLORIDA STREET ADDRESS) | Naples | ,FL <u>34110</u> |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company. | c laws of the State of Floric Florida street address of th ntical. Or, in the case of a s) was/were authorized by erwise provided in the artic | la, it is hereby e registered office Florida limited |
| renature of a member or authorized representative of a member | | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F,S. Or, if this document is being filed to a address. I hereby confirm that the limited liability compa | agree to act in this capaci roper and complete perfor osition as registered agen perely reflect a change in th my has been notified in wri | tv. I further agree to inance of my duties, t as provided for in te registered office ting of this change. |
| Il Mantie | | |

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

Signature of Registered Agent