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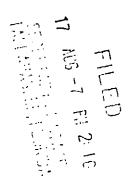
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D. SCOTT

COVER LETTER .

TO: Registration Section Division of Corporations						
The Harkins Group LLC SUBJECT:						
	ne of Limited L	iability Company	·			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	<u>3</u> -			
Please return all correspondence concerning th	nis matter to the	following:				
Brian Harkins, MGRM						
Name of Person	.					
The Harkins Group LLC			FILED 17 MIS -7 FI 2: STATES -7 FI 2: STATES -7 FI 2:			
Firm/Company		<u> </u>	三年 馬丁			
9718 SW 101st Ave			7 5			
Address			2 16			
Gainesville, FL 32608			20 mm			
City/State and Zip Code		_				
harkins.b@icloud.com						
E-mail address: (to be used for future ann	iual report notif	ication)				
For further information concerning this matter.	, please call:					
Brian Harkins	352 at (359-3878	_			
Name of Person		Area Code & Daytime Tele	phone Number			
STREET/COURIER ADDRESS:	AILING ADDRESS:					
Registration Section Division of Corporations	Registration Section Division of Corporations P.O. Box 6327					
•						
2661 Executive Center Circle Tallahassee, Florida 32301		Ilahassee, Florida 32314				
Enclosed is a check for the following	; amount:					
☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Cop	у			
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.	Na	me of the limited liability company: The Harkins	s Group \	LLI	С			
2.	(a)	Brian Harkins MGPM		(b) Brian Harkins, MGRM				
2,	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~/_	М	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		10144 SW 98th Ter		1	0144 S\	N 98th Ter		
		Gainesville, FL 32608		(Gainesvi	lle, FL 32608		
		09/20/20 13		Ĺ	1300013	33506		
3.		Date of filing/registration in Florida	— 4.	_		Document number		
5.	(a)	Brian Harkins, MGRM						
J.	(4)	Registered Agent and Registered Office shown on the records of	ept. of State:	:				
		Brian Harkins, MGRM						
		Registered Office Address (MUST BE FLORIDA STREET) 10144 SW 98th Ter	T ADDRESS	<u>S)</u>		F-1 7		
		Gainesville ,	:L_32608			計ら五		
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Brian Harkins, MGRM			<u>ss</u> :	FILED IS 7 PI 2 16		
		NEW Registered Office Address:		-				
		9718 SW 101st Ave						
		Gainesville	32608	•				
the age was	cha nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability co of the lim	ste om nite	red office pany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
<u>/</u>	<u> </u>	m Maldun AlGen	Bri	an		, MGRM		
		ure of a member of authorized representative of a member				Printed or typed name of signee		
pro the to n	visi obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect ychange in the registered office address. I'm writing of this change.	gree to act le perform led for in (I hereby c	t in nanc Cha conf	this capa ce of my d apter 605, firm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		

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

Signature of Registered Agent