Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000252543)))



Note: DO NOT hit i	the REFRESH/RELOAD button on your browser. Doing so will generate another cover sheet.	r from this page.	או מנמנ
	on of Corporations mber : (850)617-6383	A: 17.00	エンン・マ

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
CINGIT	AUU. C33.	

LLC REGISTERED AGENT CHANGE HARFLUER LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS

JAN 23 2020

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.

i. Na	ame of the limited liability company: HARFLUER LL	C			
2. (a)	340 Corporate Way Suite 300 Orange Park, EL 32073		(b) 340 Corporate Way Suite 300 Orange Park, FL 32073		
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Abiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	07/02/2014		I.140001054		
3.	Date of filing/registration in Florida	4.		Document number & B	
5. (a)	Hili, Alexandria V			超	
ν. (<u>-</u>)	Registered Agent and Registered Office shown on the records of	the Flori	ia Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET) 340 Corporate Way Suite 300	ADDRES	<u>(S)</u>	Document number SEORE ARY OF STALL AFFASSEE, I	
	Orange Park FI	32073		: 53	
	C.T. Corporation System			tr	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation F1	33324			
the cha agent w was/we the apti I heret provision the obli	mited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the operating agreement of the language of a plender or authorized representative of a member one of all statutes relative to the proper and complete in the statutes of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change. C.T. Carporation System Michael E. Jones - Assistant Statutes are made of the proper and complete in the registered of the proper and complete in the registered of the proper and complete in the registered of the proper and complete in writing of this change.	the reg ability c of the lin limited ree to ac perforn d for in hereby c	istered office ompany, it is nited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. State of typed name of signee with the change of the comple with the	

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