## 1/600062721

(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		{		

Office Use Only



700284273527

16 AFR - 7 AH II: 30

71 E E D

K.SALY EXAMINER

APR - 9



NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 04/07/2016	Account #: I20000000088
Name: Michelle Walker	
Reference #: T003415	
ENTITY NAME: HARBOR WILMINGTON MANAGEMENT, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other:	
Authorized Amount:	
Signature: Michelle Walker	

## 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: HAR	BOR WIL MIN	GTON MANAGEMENT, LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<b>3</b> (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
1	03/30/2016		L16000062721
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NATIONAL CORPORATE RESEARCH,	LTD., INC.	
	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	155 OFFICE PLAZA DRIVE		2016
		32301	
(b)	National Corporate Research, Ltd., Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		-7 AM
	115 North Calhoun Street, Suite	4	7:42 7:42
	NEW Registered Office Address:	<u> </u>	
	Tallahassee ,FL	32301	<del></del>
the cha agent w was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered off bility company, f the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	/S BRUCE W. MARIN		BRUCE W. MARIN
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete in gations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act in this c performance of n I for in Chapter ( iereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or. if this document is being filed hat the limited liability company has been

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

Michelle Walker, Signature of Registered Agent