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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HARBOR ADVISORS LLC		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the	e following:
JACK S.J FU		
Name of Person		
HARBOR ADVISORS LLC		
Firm/Company		
1400 CENTREPARK BLVD STE 950		
Address		· · · · · · · · · · · · · · · · · · ·
WEST PALM BEACH, FL 33401		
City/State and Zip Co	ode	•
JFU@HARBORADVISORSLLC.COM E-mail address: (to be used for future	e annual report noti	ification)
For further information concerning this ma	atter, please call:	
HARBOR ADVISORS	at ( 561	) 4592946
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2020

JACK SJ FU HARBOR ADVISORS LLC 1400 CENTREPARK BLVD., STE 950 WEST PALM BEACH, FL 33401

SUBJECT: HARBOR ADVISORS LLC

Ref. Number: L19000304240

We have received your document for HARBOR ADVISORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00023154

Diane Cushing Senior Section Administrator

www.sunbiz.org

## 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: HARBOR ADVIS	ORS LLC			
7	(a)	1400 CENTREPARK BLVD, STE 950, WEST PALM BEA	<u>v</u> (p)			
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u></u>	Mailing address of limited lial (Note: MAY BE POST OF	•	
		1400 CENTREPARK BLVD, STE 950				
		WEST PALM BEACH, FL 33401				
		2019	L190003	04240		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	CORPORATION SERVICE COMPANY				
		Registered Agent and Registered Office shown on the records of the	he Florida Dept, of S	State:		
		1201 HAYS STREET, TALLAHASSEE, FL 32301			0,	• • •
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>	Ü	
		1201 HAYS STREET			` - 7	
		TALLAHASSEE ,FL3	32301	<del></del>		18.30.A
	(b)	JACK SJ FU			器日: 30	SIAE AIE
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:			•
		NEW Registered Office Address:				
		1400 CENTREPARK BLVD, STE 950		<u></u>		
		WEST PALM BEACH	33401	_		
cha age wa	ange ent v is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and the members of the organization or the operating agreement of the li	s of the State of registered office pility company, i	and the business office of the tishereby confirmed that the lity company or as otherwi	he regi he cha	istered .nge(s)
		hat I	JACK SJ FU			
	gnud	uty of a member or authorized representative of a member		Printed or typed name of sig	nec	
pro the to	ovisi v obl merc	of accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'in writing of this change.	e to act in this co performance of m for in Chapter 6 ereby confirm the	apacity. I further agree to only duties, and I am familiar 05, F.S. Or, if this docume at the limited liability comp	comply with a rnt is b rany ha	with the and accept eing filed as been
Si	gnatu	Cornegistered Agent				