21000

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nam	е)
(Document Number)		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/31/2022	<u> </u>			
	Merritt Wa	lker	_		
	ne #:1507		_		
Entity Na	ıme:	HARRIM	AN DG TN LL	_C	
	ticles of Incorporation				
Ar	mendment				
✓ CH	nange of Agent				
☐ Re	einstatement				
☐ C	onversion				
	erger				
☐ Di	ssolution/Withdrawal				
☐ Fi	ctitious Name				
	ther				
Authorize	ed Amount:	\$25			
Signature	e:	. 1111			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTSOR 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.

. Na	une of the limited liability company:	HARF	RIMAN DG TN LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabilit (Note: MAY BE POST OFFI		
	No Change		No Change		
	9/8/2021		L21000399279		
	Date of filing/registration in Florida	4.	Document number		
. (a)	INCORP SERVICES, INC.				
. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)			
	17888 67TH COURT NORTH			2023	
	LOXAHATCHEE FL	33470		2022 2 3 1	
(b)	COGENCY GLOBAL INC.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office address:		3 114	
	115 North Calhoun Street, Suite	4		8: 57	z-1
	NEW Registered Office Address:				
	Tallahassee ,FL	32301			

/s/ Lance Lazarus	Lance Lazarus	
Signature of a member or authorized representative of a member	Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary