## L22000453224

| (R                      | Requestor's Name)       |  |  |  |  |
|-------------------------|-------------------------|--|--|--|--|
| (A                      | ddress)                 |  |  |  |  |
| (A                      | ddress)                 |  |  |  |  |
| (C                      | City/State/Zip/Phone #) |  |  |  |  |
| PICK-UP                 | WAIT MAIL               |  |  |  |  |
| (E                      | Business Entity Name)   |  |  |  |  |
| (Document Number)       |                         |  |  |  |  |
| Certified Copies        | Certificates of Status  |  |  |  |  |
| Special Instructions to | o Filing Officer:       |  |  |  |  |
|                         |                         |  |  |  |  |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

|                             |                |        | ACCOUNT  | NO.   | :        | 120000    | 0001        | 95      |         |
|-----------------------------|----------------|--------|----------|-------|----------|-----------|-------------|---------|---------|
|                             |                |        | REFERE   | ENCE  | ;        | 082815    | ^           | 7986366 |         |
|                             |                | AU     | THORIZAT | NOI   | :        | Sanel     | Sec.        | enan    | )       |
|                             |                |        | COST L   | TIMIT | :        | \$ (25.00 | 0           | ·       |         |
| ORDER                       | DATE :         | Octo   | ber 27,  | 2022  | <b>-</b> |           |             |         | <b></b> |
| ORDER '                     | TIME :         | 2:2    | 7 PM     |       |          |           |             |         |         |
| ORDER 1                     | NO. :          | 0828   | 15-020   |       |          |           |             |         |         |
| CUSTOM                      | ER NO:         | 7      | 986366   |       |          |           |             |         |         |
|                             | <del>-</del> - |        |          |       |          |           | - <b></b> - |         |         |
| CHANGE OF AGENT             |                |        |          |       |          |           |             |         |         |
|                             |                |        |          |       |          |           |             |         |         |
|                             |                |        |          |       |          |           |             |         |         |
| NAME: HARBOR DRIVE FOUR LLC |                |        |          |       |          |           |             |         |         |
|                             |                |        |          |       |          |           |             |         |         |
| PLEASE                      | RETUR          | N THE  | FOLLOWIN | IG AS | PRO      | OOF OF I  | FILI        | NG:     |         |
|                             | _ CERT         | IFIED  | COPY     |       |          |           |             |         |         |
| XX                          | PLAI           | N STAM | PED COPY | -     |          |           |             |         |         |
|                             |                |        |          |       |          |           |             |         |         |
|                             |                |        |          |       |          |           |             |         |         |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## 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: HARBOR DRIV  | Æ FOU                                 | RLLC   |  |  |          |                                      |  |  |  |
|---|--|---------------------------------------|--|--|--|----------|--------------------------------------|--|--|--|
| 2. (a)  | 1002 FAST NEWPORT CENTER DRIVE   |                                       | (b) 1002 EAST NEWPORT CENTER DRIVE             |  |  |          |                                      |  |  |  |
| (-)   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                                       |  | Mailing address of (Note: MAY BE                                 |  | -        | -                                    |  |  |  |
|   | SUITE 200  |                                       | SUIT   | E 200  |  |          |                                      |  |  |  |
|   | DEERFIELD BEACH, FL 33442  |                                       | DEE  | RFIELD BEACH, FL   | 33442  |          |                                      |  |  |  |
|   | 10/20/2022   |                                       | L2200  | 00453224   |  |          |                                      |  |  |  |
| 3.  | Date of filing/registration in Florida   | 4.                                    |  | Document num   | ber  |          |                                      |  |  |  |
| 5 (5)   |  |                                       |  |  |  |          |                                      |  |  |  |
| 5. (a)  | Registered Agent and Registered Office shown on the records of   | f the Florid                          | ia Dent. o                                     | f State:   |  |          |                                      |  |  |  |
|   | GARVER, TINA   |                                       | <b>16</b> Dept. 0                              | i duic.  | S.C.   | 2022 OCT |                                      |  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET  | ADDRES                                | <u> </u>                                       |  |  | 20.      |                                      |  |  |  |
|   | 1002 EAST NEWPORT CENTER DRIVE SUITE 2   | 00                                    |  |  | P.T.   | <u> </u> | entageneral and fi                   |  |  |  |
|   | DEERFIELD BEACH , F  | 33442<br>L                            |  |  | D  | 27 A     |                                      |  |  |  |
|   |  |                                       |  | <del></del>  | SEL<br>SEL<br>SEL<br>SEL<br>SEL<br>SEL<br>SEL<br>SEL<br>SEL<br>SEL | A        |                                      |  |  |  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Registere  |                                       |  |  |  | <b>છ</b> | 1                                    |  |  |  |
|   | Enter name of NEW Registered Agent and/or NEW Registere  | d Office a                            | <u>ddress</u> :                                |  | *  | 6        |                                      |  |  |  |
|   | Corporation Service Company  |                                       |  |  |  |          |                                      |  |  |  |
|   | NEW Registered Office Address:   |                                       |  |  |  |          |                                      |  |  |  |
|   | 1201 Hays Street   |                                       |  |  |  |          |                                      |  |  |  |
|   | Tallahassee  | L32301                                |  |  |  |          |                                      |  |  |  |
| chang<br>agent<br>was/w                         | limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the  | ws of the registe lability of the lin | e State or<br>red offic<br>ompany<br>nited lia | e and the business of, it is hereby confirmability company or as | ffice of the   | registe  | red<br>c(s)                          |  |  |  |
| V   | The second secon | , ,,,,,,,,,                           | -  | , , ,  | -1   |          |                                      |  |  |  |
| Sign  | ature of a member or authorized representative of a member   |                                       |  | RTH COHE<br>Printed or typed n                                   | name of signe  | :c       |                                      |  |  |  |
| I here<br>provis<br>the ob<br>to men<br>notifie | eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change  | perjorn<br>d for in<br>hereby d       | t in this                                      | canacity I further   | noree to co  | mplyw    | ith the<br>accept<br>g filed<br>been |  |  |  |
| Signat  | ure of Registered Agent  |                                       |  |  |  |          |                                      |  |  |  |