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(Requestor's Name)		
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(8)	usiness Entity Name)	
(Document Number)		
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COVER LETTER

PO: Registration Section Division of Corporations				
SUBJECT: HARCO TECH LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Josh Cogar Name of Person				
HARCO TECH LLC Firm/Company				
1642 S. Crystal Lake Dr Apt 117 Address				
Orlando + 32806 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Fledrick Harvey at (689) 777 - 4753 Name of Person Area Code & Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
■ \$25 Filing Fee				

INHS18 (2/14)

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. 1	Name of the limited liability company: HARC	O TECH LLC
2. (a)	a) 1092 S C(ytal Lake 1) (11 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	7 (b) 1042 S. Cystal Lake Dr 11 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oclardo 171 32806	Oclardo, F1 22806
3.	Date of filing/registration in Florida	4. Document number
5. (a	(a) Trevor Buwles of Inc Ac Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	390 Nurth Orage Ave S Registered Office Address MUST RE FLORIDA STREET	te 2300-N
		1 37 80 () S 28 77 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
(b	b) Cogor Enter name of NEW Registered Agent and/or NEW Registere	A Office address:
		ake Dr Apt 1172 33
	Octando F	1 32806
chang agent was/v	nge or changes are made, the Florida street address of the nt will be identical. Or, in the case of a Florida limited li	1 17
	gnature of a member or authorized representative of a member	Printed or typed name of signee
provi the or to me	victions Mall statutes relative to the proper and complete	gree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signa	natisfe of Registered Agent	