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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

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Harmar Mobility, LLC		
Filing Evidence ☑ Plain/Confirmation Copy	. 7	Type of Document Certificate of Status Certificate of Good Standing
□ Certified Copy		□ Certificate of Good Standing
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OTHER FILINGS		REGISTRATION/QUALIFICATION
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Name Reservation		Reinstatement
Reinstatement		Trademark
		Other

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	ms of sections 608.4 is the following state te of Florida.	416 or 608.50 ment in order	8, Florida S to change i	tatutes, the ts registered	undersigned lin l office or regist	nitec terec
1. The name of the limit	ed liability company	is: HARMAR N	MOBILITY, LL	С	·	
2. The mailing address of					ı. FL 34234	
	~ · · · · · · · · · · · ·	÷ .		_		
10/14/2005			. M0500000	5812		
3. Date of filing/registra	tion in Florida		4. Docume		.,	
5. The name of the regist Florida Department of	ered agent and the re State:	gistered office	address as s	hown on the	records of the	
	GT Corporation Syst	em	<u> </u>	<u> </u>		í
		Name				
	1200 South Pine Isla			<u></u>	. 😝	
	Diamenta - El 2020	Address			型 易	-
	Plantation FL, 33324	ty, State and Z	ip		最喜	
6. The name and address		- ·	-	٠	2006 APR 24 AM SECRETARY OF TALLAHASSEE. F	•
	NRAI Services, inc.				一篇 等	<u>.</u>
	2731 Executive Park	Name Drive, Suite 4	· · · · · · · · · · · · · · · · · · ·	······································	T SIE	22 :
	Florida street addr	ress (P.O. Box	NOT accept	table)		ふ
	Weston	FL 33331	1			
	City	, State and Zig	?			
If the limited liability conconfirmed that after the cand the business office o aliability company, it is he the members of the limit the operating agreement	change or changes are f the registered agent areby confirmed that t ed liability company (e made, the Flo will be identice the change(s) ver or as otherwise	orida street ac	ddress of the	registered office logida limited	
Uw-Cl						^
(Signature of a member or author Chris East	<i>" [</i> }	mber				-
(Printed or typed name of signes)			•		
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if adaress, I hereby confirm NRAI Services, Inc.	vintment as registered ns of all statules rela nd accept the obligat this document is bein n that the limited liab	d agent and ag tive to the pro ions of my pos ng filed to mer nility company	ree to act in per and com ition as regil ely reflect a has been no	this capacity plete perform stered agent change in the tified in write). I further agre nance of my duti as provided for e registered offic ing of this chang	e to les, in ce ge.
(Signature of Registered Agent)		1 0 -1	•			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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