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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338

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LLC REGISTERED AGENT CHANGE HARMAR MOBILITY, LLC

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Help

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	lame of the limited liability company: HARMAR MOB	ILITY, LLC	
2. (a)	2075 47TH STREET	(b)	
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Noig: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34234		
	10/14/2005		M05000005812
3. 5. (a)	Date of filing/registration in Florida 10/14/2005	4.	Document number
(**.	Registered Agent and Registered Office shown on the records of THOMPSON, JOSEPH	the Florida De	or, of State:
	Registered Office Address (MUST BE FLORIDA STREET) 2075 47TH STREET	ADDRESS)	- 0
	SARASOTA .FI	34234	AH 10: 02
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered	I OMcc addres	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	33324	
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an afformative vote of the members of ticles of organization or the operating agreement of the	The registers ability comp of the limited limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in litty company.
Signa	ature of a member or authorized representative of a member	Joseph	hompson Printed or typed name of signee
l here provis the ob to mer	eby occept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I tell in writing of this change.	performance of for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am Jamiliar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
By: '~4	or Registered Agent	dsay P	lummer ecretary
-∠r _E nπti	Division of Corporations • P.O. 1		
	MANAGOR OF COLDOLRIOUS & C.O. I	ひいん いろんノマー	arminace, to decit

FILING FEE: \$25.00

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