

M100000000783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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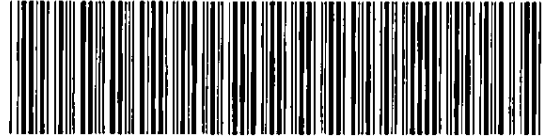
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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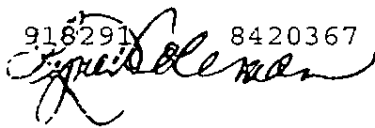
2023 AUG 14 PM 3:24

CLERK OF COURT
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 918291 8420367

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : August 3, 2023

ORDER TIME : 1:56 PM

ORDER NO. : 918291-026

CUSTOMER NO: 8420367

CHANGE OF AGENT

NAME: HARBOUR RESTAURANT PARTNERS,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

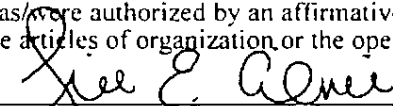
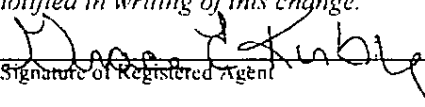
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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. Name of the limited liability company: <u>HARBOUR RESTAURANT PARTNERS, LLC</u>	
2. (a) <u>134 MARKET STREET</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>PHILADELPHIA, PA 19106</u>	(b) <u>134 MARKET STREET</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>PHILADELPHIA, PA 19106</u>
3. <u>02/19/2010</u> Date of filing/registration in Florida	4. <u>M10000000783</u> Document number
5. (a) _____ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>REGISTERED AGENT SOLUTIONS, INC.</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>2894 REMINGTON GREEN LANE SUITE A</u> <u>TALLAHASSEE</u> , FL <u>32308</u>	
(b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	Jill Cilmi, Authorized Person _____ Printed or typed name of signee
<i>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 familiar 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.</i>	
 _____ Signature of Registered Agent	Grace E. Kirby, Asst. Vice President