M1000000 4978

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status		s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400288903624

08/16/16--01006--023 **25.00

SECRETALL OF STATE FALL ALPASSEF, FLORID

5 AUG 15 AH 6: 2

WO TO THE RES

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT. Harrison Engineering, LLC						
SUBJECT: 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:						
Samanthau Harrison Name of Person						
Harrison Engineering, LLC Finn/Company						
8101 Poat Club, Swte 240-195						
FORT Worth, Tx 76179. City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Samantha Harrison Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$ Certified Copy						

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.

. Na	me of the limited liability company: Harrison Engineeri	ng, LLC		
. (a)	8101 Boat Club Road, Suite 240-195, Fort Worth, TX 76179	(b) 810	01 Boat Club Road, Suite 240-195, Fort Worth, TX 76179	
,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	11/10/2010		000004978	
	Date of filing/registration in Florida 4.		Document number	
(a)	WHITESIDE, JIM			
	Registered Agent and Registered Office shown on the records of the Flo 151 Nw Sugarcane Place · Lake City, Fl 32055 Us Registered Office Address (MUST BE FLORIDA STREET ADDR		TALES	
	Lake City , FL	32055	AHE AUG 5	
(b)	InCorp Services, Inc.		(3°5)	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	e address:	<u>ිද</u> ීදී ම ට	
	17888 67th Court North		21 RIDA	
	NEW Registered Office Address:	, , , , ,		
	Loxahatchee ,FL	33470		
e char ent w s/we artic signan hereb ovision oblimere	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited of a member or authorized representative of a member or authorized representative of a member	egistered y compan limited li ed liabilit	I office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signed It congests. I further gares to comply with the	
matuk	Division of Corporations • P.O. Box 6	ait of in	Corp Services, Inc.	

FILING FEE: \$25.00