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SECRETARY OF STATE TAULAHASSEE, FLORIDA

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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJ	Hara Community 1st Advi	isors LLC		
~~~		me of Limited Liability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	his matter to the following:		
Cyn	thia J. McDaniel			
	Name of Person	· · · · · · · · · · · · · · · · · · ·		
Moor	re & Van Allen PLLC	•		****
	Firm/Company		おせ	H L L
100 I	North Tryon Street, Suite 4700		16 HAY -2	ALCANAGO
	Address		2	ŕ
Char	lotte NC 28202-4003		ի։ 5կ	7.00
<del></del>	City/State and Zip Code	<del> </del>	Ŧ.	Š
Ī	E-mail address: (to be used for future an	nual report notification)		
For fu	rther information concerning this matter cynthiamcdaniel@mva	•		
Cyn	thia J. McDaniel	704 331-2339		
	Name of Person	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	g amount:		
	<b>2</b> \$25 Filing Fee	□ \$55 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.

1. N	ame of the limited liability company: Hara Comm	unity 1st	Advisors	s LLC	_
2. (a)	·	(b)		•	
<u> </u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	931 S. Semoran		PO Box	4124	
	Winter Park, FL 32792		Chicago	o, IL 60654	
	March 21, 2016		M1600	00002339	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
()	Registered Agent and Registered Office shown on the records of	istered Agent and Registered Office shown on the records of the Florida Dept. of Stat			
	Corporation Service Company			- A RES	
	Registered Office Address (MUST BE FLORIDA STREET)		6 A	•	
	1201 Hays Street			MAY:	
	Tallahassee, FL	32301	2525	-2 P	1
				T FLO	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH 4: 54	
	Enter hanc of NEW Registered Agent and of NEW Registered	Omee add	<u>1 C33</u> .	32	
	Richard Michaud				
	NEW Registered Office Address:			-	
	931 S Semoran Blvd, Suite 214			-	
	Winter Park , FL	32792	-5317	_	
the cha agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability con of the limi limited li	nered office mpany, it is ted liability ability com	e and the business office of the registers is hereby confirmed that the change(s) y company or as otherwise provided in inpany.	
Siona	sture of a member or authorized representative of a member	Br	yce Bowr	Printed or typed name of signee	_
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is defined by the change of this change.	ree to act performa d for in C hereby co	in this capa nce of my d hapter 605 nfirm that i	acity. I further agree to comply with th	e pt d