M1600000 2339

		<u> </u>			
(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ie)			
(Do	cument Number)				
•	·				
Certified Copies	Certificates	of Status			
	_	J. C.			
					
Special Instructions to Filing Officer:					
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120	5.00				

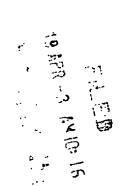
Office Use Only



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RIRIN

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJE	Hara Community 1st Advisors	LLC			
		Limited Liab	oility Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office C	Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this ma	atter to the fol	llowing:		
Shelle	ey Sturges				
	Name of Person		•		
5401	N. Central Expy., Suite 300				
	Firm/Company	· · ·	•		
	Address		•		
Dallas	s, TX 75205				
	City/State and Zip Code		•		
legal@	@associaonline.com	V			
Ē.	-mail address: (to be used for future annual r	eport notifica	ition)		
For furt	ther information concerning this matter, plea	ise call:			
Sheile	ey Sturges	214	272-4074		
	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	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following amount:				
	2 \$25 Filing Fee	\$ 55	Filing Fee & Certified Copy		

INHS18 (2/14)

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. Na	ame of the limited liability company: Hara Comm	nunity 1st Advisor	s LLC		
2. (a)	760 Florida Central Parkway	760 Flo	(h) 760 Florida Central Parkway		
- : (-)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST		
	Suite 200	Suite 20	00		
	Longwood, FL 32750	Longwo	ood, FL 32750		
	3/21/2016	M160000	002339		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	National Registered Agent, Inc.				
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	te:		
	1200 S. Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	_		
				الم	
	Plantation . F			- PP 71	
(b)	C T Corporation System	,		175 P	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	_		
	1200 South Pine Island Road			on	
	NEW Registered Office Address:		_		
	Disabelias	70004	_		
	Plantation, F	L33324	_		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered offic liability company, it of the limited liability e limited liability cor	e and the business off is hereby confirmed th ty company or as other	ice of the registered at the change(s)	
Signat	ture of a member or authorized representative of a member		Printed or typed name of	signce	
provisi the obli to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, If in writing of this change. Output Output	gree to act in this cap e performance of my ed for in Chapter 60. Thereby confirm that	pacity. I further agree duties, and I am famil 5, F.S. Or, if this doct the limited liability co	to comply with the liar with and accept iment is being filed impany has been	
Signatui	Howard L. Yol. re of Registered Agent Howard L. Volz, Assistant Secretary				

By