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PICK-UP	WAIT	MAIL
/Rusi	ness Entity Nar	ne)
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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ZUIN HAY 10 PM 3: 54 SECRETARY OF STATE



2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: April 30, 2018

AE: Jody Moua

TO:

Registration Section Division of

H1039

REFERENCE: 1163573

Corporations **CLIFTON BUILDING**

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

HARBOUR POINTE AVANATH PARTNERS, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please file on routine and return one plain copy back in the enclosed envelope.

Service Description	Check Number	Name	Amount
Change of Registered Agent	684579	Registration Section Division of Corporations	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

COVER LETTER

TO:

INHS18 (2/14)

	Registration Section Division of Corporations		
SUBJEC	THE HARBOUR POINTE AVAN	ATH PARTI	NERS, LLC
CODOL		ne of Limited	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.
Please re	eturn all correspondence concerning th	is matter to th	e following:
JODY	MOUA		
,	Name of Person		<u> </u>
PARAC	CORP		
	Firm/Company		
РО ВО	X 160568	,	
	Address		
SACRA	AMENTO CA 95816		
	City/State and Zip Code		
ANNUA	ALREPORTS@MYPARACORP	.COM	
E-n	nail address: (to be used for future and	ual report not	ification)
For furth	er information concerning this matter,	, please call:	
JODY I	MOUA	888	272-3725
	Name of Person		Area Code & Daytime Telephone Number
I I (Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	R D P	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, Florida 32314
1	Enclosed is a check for the following	; amount:	
Ţ	2 \$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: Harbour Point	e Avai	nai	n Partn	ers, LLC			
2. (a)	c/o Oak Tree Management, Ltd.	(b) c/o Oak Tree Management, Ltd.						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (/ <u></u>		Mailing address of li (Note: MAY BE I	mited liabi	lity comp	
	Attn: Managing Member, 264 Sixth Ave.		F	Attn: Ma	inaging Memb	er, 264	Sixth	Ave.
	Brooklyn, NY 11215	_	E	Brooklyr	n, NY 11215			
	8/26/2016		М	160000	06917			
3.	Date of filing/registration in Florida	4.	_		Document numb	oer		
5. (a)								
. ()	Registered Agent and Registered Office shown on the records of the JONES WALKER LLP	ne Florid	a De	ept. of State	:	≱∽	:2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-	ECA	2018			
	201 SOUTH BISCAYNE BLVD., SUITE 2600)				HASSI	MAY 10	T
	MIAMI , FL	33131				RY OF STAIL SEE, FLORIDA		LE
						() ()	PH?	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Miss od	Idro		-	RA D	3: 54	
	rate fame of May Registered Agent and of May Registered C	Jince au	iui e	22.		**	477	
	PARACORP INCORPORATED							
	NEW Registered Office Address:				•			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR				-			
	TALLAHASSEE , FL	32301						
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the li	the regineral the limited limi	ster omp nite liab	red office bany, it is d liability sility com	e and the business is hereby confirmed y company or as opany.	s office o	of the re	gistered gc(s)
رر _م ان		JEI	RE	MIAH L				-
I here provisi the oblino mero notifical	tufe of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change. Leticia Burleson, Asst. Secretary re of Registered Agent	perform for in C ereby c	t in iana Cha ionf	this cape te of my c ipter 605 irm that i	Printed or typed nar acity. I further a luties, and I am j F.S. Or, if this the limited liabili	oree to c	omole v	vith the d accept ng filed been
Signatu	re of Registered Agent	y						