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(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 JAN 13 AM II: 33

RECEIVED

Y SULKER JAN 14-2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 12000000	0195
	REFERENCE	: 376155	7888560
	AUTHORIZATION	Smell of	man
	COST LIMIT	: \$ 25.00	na
ORDER DATE	January 13, 2022		
ORDER TIME :	-		
ORDER NO. :	376155-010		
CUSTOMER NO:	7888560		
			
	CHANGE OF A	<u>GENT</u>	

PLEASE	RETURN	THE	FOLLOW	ING .	AS	PROOF	OF	FILING:	
XX	CERTIF PLAIN		COPY MPED COI	Ϋ́					
CONTACI	' PERSON	J: I	Eyliena	Bak	er				
					EX <i>P</i>	MINER	s :	INITIALS:	

NAME: HARLAN CAPITAL PARTNERS LLC

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	une of the limited liability company: HARLAN CAPIT	AL PAR	TNERS LL	C
2. (a)	440 Royal Palm Way	(t	440 Roy	al Palm Way
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 300		Suite 300	0
	Palm Beach, FL 33480	_	Palm Bea	ach, FL 33480
	October 26, 2021		M2100001	14248
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Harlan, Joshua D			
5. (u)	Registered Agent and Registered Office shown on the records of t	the Florida	i Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	<u> </u>	
	Palm Beach FL	33480		- SSC = 0
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress;	- 13 E 8: 00 - 55: E E
	Corporation Service Company			
	NEW Registered Office Address:			_
	1201 Hays Street		<u>.</u>	_
	Tallahassee FL	32301		_
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim	ed office an mpany, it i ited liabilit	ad the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in
	/s/ Joshua Harlan	Jos	hua Harlan	, Member
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	performa	mce of my .	duties, and I am familiar with and accept

Signature of Registered Agent
Lindsey M. Baronie, Asst. Vice President on behalf of Corporation Service Company