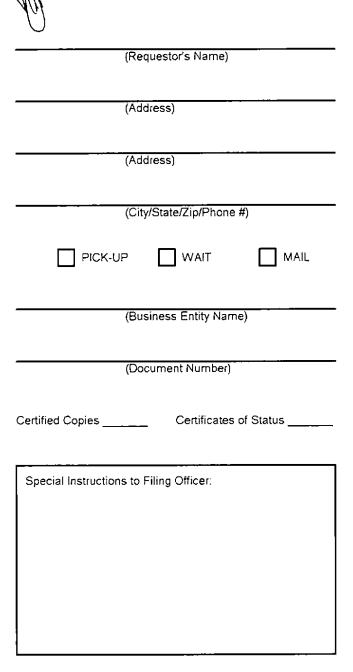
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	· :	: :
SUBJ	Harbor Flight, LLC		
		Name of Limited L	iability Company
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to the	following:
Erin M	Meyer		
	Name of Person		
Advo	cate Consulting Legal Group, PLLC		
	Firm/Company		<u> </u>
3555	Kraft Road, STE 240		
	Address		
Naplo	es, FL 34105		
	City/State and Zip Coc	te	
Peter	@retrieverholdings.com		
	E-mail address: (to be used for future	annual report noti	fication)
For f	further information concerning this ma	tter, please call:	
Erin :	Meyer	239 at (213-0066
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations The Centre of Tallahassee
	P.O. Box 6327		2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314		Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$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: Harbor Flight, L.	LC		
2. (a)		(b)		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	31 Ocean Reef Drive, C101-278	31 (Ocean Reef Drive, C101-278	
	Key Largo, FL 33037	Key	Largo, FL 33037	
	09/09/2022	M220	0000140 66	
3.	Date of filing/registration in Florida		Document number	
- /				
5. (a	Registered Agent and Registered Office shown on the records o	f the Florida Dept	of State:	
	Peter Askew			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		
	1 Landings, Unit A		:~;	
	Key Largo , F	L		
			- -	
(b)				
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	· ·	
	Peter Askew			
	NEW Registered Office Address:			
	31 Ocean Reef Drive, C101-278			
	Key Largo	TL		
chang agent was/v the ar	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ic registered off liability compai of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	gree to act in the e performance ed for in Chapi hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
<u> </u>	ure of Registered Agent			