Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Phone Fax Number

R. WHILE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE

HARBOUR PLACE PROPERTY OWNERS ASSOCIATION OF	TAMPA,

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida	, this	
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: HARBOUR PLACE PROPERTY OWNERS ASSOCIATION OF TAME	PA, INC	
2. The principal	office address: 4401 NORTHSIDE PARKWAY SUITE 800 ATLANTA, GA 30327		-
--			
3. The mailing a	address (if different): 4401 NORTHSIDE PARKWAY SUITE 800 ATLANTA, GA 303	27	
4. Date of incor	poration/qualification: FL Document number: N08000001385		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	NRAI Services, Inc.		
	1200 South Pine Island Road		17
	Plantation, FL 33324	, 41°,	APR -
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	4	
	C T Corporation System	*	7:
	c/o C T Corporation System, 1200 South Pine Island Road	ت. م	57
	P.O. Box NOT acceptable		٠
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the street address of the business office of its registe be identical.	red agent	•
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	O	
augh	Audrea Alaniz Secre	tary	ı
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regis is document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	stered is, I	
C T Corp	poration System 04/04/2017 nature of Registered Agent Date		
	half of an entity:		
	Kristin Bolden Assistant Secretary		
T	voed or Printed Name		

* * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)