

P01000025001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

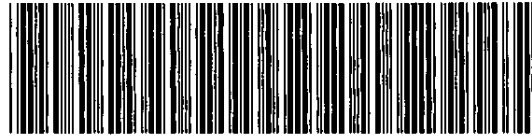
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/09--01007-015 *35.00

09 JUN 30 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 JUN 30 AM 11:39
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

R.A. Charge
C.COULLETTE
JUN 30 2009
EXAMINER



CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

June 30, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 70120971 WO
Customer Reference 1: HASC-gen
Customer Reference 2: 9947

Dear Department of State, Florida:

Please obtain the following:

Harbor America Florida, Inc. (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor America Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P01000025001

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert C. Rice
Name of Contact Person

Rice & Associates, p.c.
Firm/Company

1010 Lamar, Suite 1530
Address

Houston, TX 77002
City/State and Zip Code

rrrice@rice-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Rice at (713) 655-9090
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HARBOR AMERICA FLORIDA INC.
- 2. The principal office address: 21977 E. WALLIS DR
PORTER/TX/77365
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/05/2001 Document number: P01000025001

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE/FL/32301

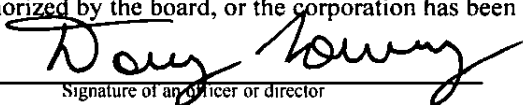
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

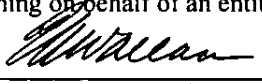
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Douglas L. Lowery, President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System 06/24/2009
Signature of Registered Agent Date

If signing on behalf of an entity:  E.A. Wallace
Assistant Secretary
Typed 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 (8/05)