090000051356

(Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
10					

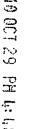
Office Use Only



600187071526

10/29/10--01012--017 **35.00







COVER LETTER

	nendment Section vision of Corporations	;				
SUBJECT	: HARRINGTON	N PROFESSION Name of Co	ONAL SERVICES	INC		
DOCUME	NT NUMBER:	P090	00051356			
The enclose	ed Statement of Change o	f Registered Office	/Agent and fee are subm	itted for filing.		
Please retur	n all correspondence con-	cerning this matter	to the following:			
		Michael Ha Name of Con	arrington tact Person	.		
Harrington Professional Services INC						
		Firm/Cor				
700 SW 78th Ave Apt 705						
	•	Addre	ess			
		Plantation, Flo	orida 33324			
	F-mail address:	dmharrington@	gmail.com ture annual report noti	fication)		
	L-man address.	(to be used for fu	ture annual report non	neation)		
For further	information concerning th	nis matter, please ca	all:			
	Michael Harringt	con	at (316)	650-1480		
	Name of Contact Pers	son	Area Code & Dayt	650-1480 ime Telephone Number		
Enclosed is	a \$35.00 check made pay	able to the Departn	nent of State.			
	P.O. Box 63	t Section Corporations	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, I	ection orporations ing ve Center Circle		

TO:

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State	_{e of} <u>Florida</u>
	the corporation: HARRINGTON I	J	·
	office address: 700 SW 78th Ave A		
	Florida 33324		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/12/200	9 Document number:	P09000051356
	d street address of the current registered artment of State: (If resigned, enter resign		le with the
	HARRINGTON, MICHAEL		
	2713 NE 27TH STREET B	40.	
	LIGHTHOUSE POINT FL 3306	34 US	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registere	
	HARRINGTON, MICHAEL		
	700 SW 78TH AVE APT 705		•
	P.O. Box No	OT acceptable	
	PLANTATION, FL 33324 US		
The street addr as changed wil	ess of its registered office and the stree I be identical.	t address of the business office	of its registered agent,
Such change wauthorized by	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or lotified in writing of the change	oy an officer so e.
DW Signatu	ire of an officer or director	D. MICHAEL HA Printed or typed name	MW670N e and title
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity stutes relative to the proper an ligation of my position as regi he registered office address, I e.	y. I complete performance stered agent. Or, if this hereby confirm that the
me	Market of Registered Agent	10-27-201	0
•		Date	
ra arkinnik on de	ehalf of an entity:	``	
1	Typed or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	