## P160000 49366

(Re	questor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HARTE SYSTEMS INC. Name of Corporation	
DOCUMENT NUMBER: \$16000049366	
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:	
JOE ANKVS	
Name of Contact Person  ANK ( ( ANK ( ) L + 1 × ( ) ) N C	
ANKUS GNSULTING, INC Firm/Company 12555 ORANGE OR. #4207	
PAVIE, FLIRIDA 33333 \$	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	202
JOE ANKUS 954, 654-0305	الر
Name of Contact Person at (454) 654-0305  Area Code & Daytime Telephone Number	7022 JUN 27
Enclosed is a \$35,00 check made payable to the Department of State.	<u> </u>

Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04-13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## 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:  HARTE SYSTEMS, ING.  2. The principal office address:  12555 ORANGE OR. #4207  DAVIE, FLORIDA 73334
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/6/2016 Document number: 6/600049366
5. The name and street address of the current registered agent and registered office on tile with the Florida Department of State: (If resigned, enter resigned)  TOF AWKY
12555 URANGE DR. #4207
12555 DRANGE DR. #4207 DAVIE, FLD. 3333 \$
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JUNATHAN DRUCKER, CSY.
2605 PONCE DE LEUN BLUD.
TONATHAN DRUCKER, ESQ.  Z605 PONCE DE LEUN BLUD.  POBON NOT acceptable  COPAL LAGRES FLD. 33134-6002
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.
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.
STEPHANIE H. ANKUS PRESIDENT Frinted 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.
Manufacture of Registered Agent
If signing on behalf of an entity:
Tonethan M. Drucke PA  Typed of 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 (04-13)