## P19000061916

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: HARDIN COMAR ENTERPRISES, INC. Name of Corporation	
DOCUMENT NUMBER: P19000067976	
The enclosed Statement of Change of Registered Of	flice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	
, recording to the position of the property of	
Christine Hardin	
Name of Contact Person	
Hardin Comar Enterprises, Inc.	
Firm/Company	
1515 S Federal Hwy Unit 401	
Address	
Boca Raton, FL 33432	
City/State and Zip Code	
vendor.invoices@straticon.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, plea-	se call:
Albert Holder	at (772 )210-0200 Area Code & Daytime Telephone Number
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Hardin Comar Enterprises, Inc.	
2. The principal	office address: 1515 S Federal Hwy Unit 401, Boca Raton, FL 33432	<del></del>
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/21/2019 Document number: P19000067976	
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Chris Hardin	
	1515 S Federal Hwy Unit 401	
	Boca Raton, FL 33432	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	JC7, LLC	
	1515 S Federal Hwy Unit 401	วถวเ
	P.O Box NOT acceptable	7921 JEE:
	Boca Raton, FL 33432	ώ <del>-</del>
The street addreas changed will	ess of its registered office and the street address of the business office of its registered to be identical.  as authorized by resolution duly adopted by its board of directors or by an officer so	agent []
Such change wa authorized by th	ie board, of the corporation has been notified in writing of the change,	ည ည
Signatui	re of an officer or director Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is ber corporation (as	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 perform all am familiar with any accept the obligation of my position as registered agent. Or, agfiled merely to reflect a change in the registered office address. I hereby confirm the solen notified in writing of this change.	mance if this at the
Sig	nature of Registered Agent Date  Christlanda  Date	
If signing on be	thelf of an entity:	
JC7, LLC	yped or Printed Name	

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