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01/29/21--010104-018 **85.00

PILED 2021 JAN 28 AM 10: 2 SECRETARY OF STATE

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

statement of cha	provisions of sections 607,0502, 617,0502 nge is submitted for a corporation organi r to change its registered office or registe	zed under'the laws of the State of	Florida	l	
1. The name of t	he corporation: Harbor Bay Landscaping a	nd Design			
2. The principal	office address: 1619 Winston Street Canton	ment Florida 32533			
	ddress (if different):				
4. Date of incorp	poration/qualification: 01/25/2020	Document number:			
	I street address of the current registered ag timent of State: (If resigned, enter resigned		ith the		
	Collette Perry				
	242 9401 A DI ACIL			2021	
	Pensacola, Florida 32533		RETA	JAH 2	T
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered of	HABSEE	28 AM 10:	
	Timothy D Symmonda		. F[0: 2	the state of the s
	1619 Winston Street		लि		
P.O. Box NOT acceptable					
	Cantonment Florida 32533		_		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of i	ts regis	tered :	agent,
Such change was authorized by d	s duthorized by resolution duly adopted by board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	office	r so	prosidant
	re of physicistry	Tm Smno Printed or typed name and to	n 🗸 (<u></u>	
I further agree to of my duties, an document is bei	the appointment as registered agent and comply with the provisions of all statuded I am familiar with and accept the obliging filed merely to reflect a change in the been noffied in writing of this change.	l agree to act in this capacity, tes relative to the proper and con gation of my position as registere registered office address, I here	nplete p ed agen by conf	verfor t. Or, firm th	mance if this at the
N	a > 1/b	01/25/2021			
SK)	Registered Assu	Date			_
If signing on be	half of an entity:				
Timothy David S	<u> </u>				
T	sped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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