

P20000048083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

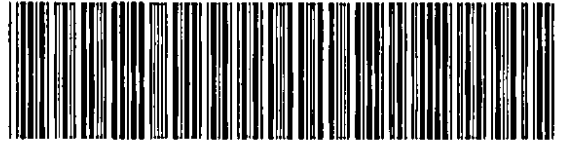
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2020

KAREN S HARRIS
HARRIS PARALEGAL SERVICES, INC.
331 WRENWOOD DRIVE
CLAYTON, NC 27527

SUBJECT: HARRIS PARALEGAL SERVICES, INC.
Ref. Number: P20000048083

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$10.00 still due. ✓

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 920A00016895

Rec 9/14/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HARRIS PARALEGAL SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P2 0000048083

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:

KAREN S. HARRIS
Name of Contact Person

HARRIS PARALEGAL SERVICES, INC
Firm/Company

331 WRENWOOD DRIVE
Address

CLAYTON, NC 27527
City/State and Zip Code

gscout664@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN S. HARRIS at (813) 416-8412
Name of Contact Person Area Code & Daytime Telephone Number

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

\$25.00 paid \$10.00 enclosed.

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

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: HARRIS PARALEGAL SERVICES, INC.
2. The principal office address: 331 Wrenwood Drive
CLAYTON, NC 27527
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JUNE 24, 2020 Document number: P20000048083
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)

KAREN S. HARRIS
2101 LARKSPUR CT
TRINITY, FL 34655

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

KAREN S. HARRIS
2330 W. HORATIO STREET
P.O. Box NOT acceptable
TAMPA, FL 33609

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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.

Karen S Harris
Signature of an officer or director

KAREN S. HARRIS P
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.

Karen S Harris
Signature of Registered Agent

9/9/2020
Date

If signing on behalf of an entity:

KAREN S. HARRIS
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 (04/13)