03/22/17 08:06AM PDT Represent Agent Solutions, inc> Florida SOS 06176383 Pg13/15 Florida/Department of State Dutision autoprovisions Electronic Filmg Cover Sheet
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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274
<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: REGISTERED AGENT CHANGE</pre>
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COVER LETTER

TO: Amendment Section Division of Corporations

HARBOUR REALTY ADVISORS, INC. SUBJEC[®]

Name of Corporation

S61365 DOCUMENT NUMBER:

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:

Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. 1701 Directors Blvd, Ste 300 Address Austin, TX 78744 notices@rasi.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888) 705-7274 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

i The name of the corporation:	HARBOUR REALTY ADVIS	SORS, INC.		
2. The principal office address: 1177 KANE CONCOURSE SUIT			201	
BAY HARBOR ISLAN				
3. The mailing address (if differe	ent):			
4. Date of incorporation/qualific	ation: 06/21/1991 Doc	iment number: <u>S6136</u>	5	
5 The name and street address o Florida Department of State: (of the current registered agent and re [If resigned, enter resigned]	egistered office on file wi	th the	
CORPORA	TION SERVICE COMPANY	(
1201 HAYS	STREET			
TALLAHAS	SEE, FL 32301		.	
 The name and street address of (if changed): 	of the new registered agent (if chang	ed) and /or registered off		
Registered	Agent Solutions, Inc.		22 SS	
155 Office	Plaza Dr., Suite A			
F.O. Box NOT acceptable Tailahassee, FL 32301			j: ē	
The street address of its register as changed will be identical.	red office and the street address of	the business office of its	s registered agent,	
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.				
	Noil S	azant	President	
Signature of an officer or of	eetoi	Printed or typed name and till		
I hereby accept the disolation I further agree to comply with I performance of we diffies, and agent. Or, if this document is b hereby confirm that the corpor-	n as registered agent and agree to the provisions of all statutes relativ 1 am familiar with and accept the o wing filed mercly to reflect a chan ation has been notified in writing o	act in this capacity we to the proper and com obligation of my position ge in the registered offic of this change.	plete as registered e address, I	
p	03/14/			
Signative of Registered :		Date		
If signing on behave of an entity				
Justine Karnell - Assist				
* * * FILING FEE: \$35.00 * * *				
MAKE C Mail to: Divisio cr2e045 (03/12)	HECKS PAYABLE TO FLORIDA DEP IN OF CORPORATIONS, P.O. BOX 63	ARTMENT OF STATE	2314	