

| (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             |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| SUBJ                      | ECT: Harms Engineering, Inc.  Name of Co               | orporation   |  |  |  |  |
| DOC                       | UMENT NUMBER: F15000005116                             |  |  |  |  |  |
| The e                     | nclosed Statement of Change of Registered Office       | e/Agent and fee are submitted for filing.          |  |  |  |  |
| Please                    | e return all correspondence concerning this matter     | to the following:                                  |  |  |  |  |
|                           | Timothy M. Harms  Name of Cor                          | tact Person  |  |  |  |  |
|                           | Harms Engineering, Inc.                                |  |  |  |  |  |
|                           | Firm/Company   |  |  |  |  |  |
| 850 Neartop Drive Address |  |  |  |  |  |  |
|                           | Nashville, TN 37205  City/State an                     | d Zip Code   |  |  |  |  |
|                           | harmsengr@gmail.com E-mail address: (to be used for fu | iture annual report notification)                  |  |  |  |  |
| For fu                    | urther information concerning this matter, please of   | rall:  |  |  |  |  |
| Tim H                     |  | at ( 615 ) 356-6789                                |  |  |  |  |
|                           | Name of Contact Person                                 | Area Code & Daytime Telephone Number               |  |  |  |  |
| Enclo                     | sed is a \$35.00 check made payable to the Depart      | ment of State.                                     |  |  |  |  |
|                           | Mailing Address:<br>Amendment Section                  | Street Address: Amendment Section                  |  |  |  |  |
|                           | Division of Corporations<br>P.O. Box 6327              | Division of Corporations Clifton Building          |  |  |  |  |
|                           | Tallahassee, FL 32314                                  | 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |

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

| statement of ch                                      | hange is submitted for a corporation   | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Tennessee or registered agent, or both, in the State of Florida.  | -           |  |  |
|--|--|---|-------------|--|--|
| 1. The name of                                       | f the corporation: Harms Enginee   | ring, Inc.  | ·=          |  |  |
|  | . The principal office address: 850 Neartop Drive, Nashville, TN 37205         |   |             |  |  |
| 3. The mailing                                       | address (if different):  |   |             |  |  |
| 4. Date of inco                                      | prporation/qualification: November   | 16, 2015 Document number: F15000005116  |             |  |  |
|  | nd street address of the current regi<br>artment of State: (If resigned, enter | istered agent and registered office on file with the resigned)  |             |  |  |
|  | NRAI Services, Inc.  |   |             |  |  |
|  | 1200 South Pine Island Roa   | d   |             |  |  |
|  | Plantation, FL 33324   |   |             |  |  |
| 6. The name ar<br>(if changed)                       | •  | ered agent (if changed) and /or registered office   |             |  |  |
|  | Registered Agents Inc  |   | 7           |  |  |
| 3030 N. Rocky Point Dr. STE 150A                     |  | STE 150A  | <u> </u>    |  |  |
| P.O. Box NOT acceptable                              |  |   | <u>ا</u> کر |  |  |
|  | Tampa FL 33607   |   |             |  |  |
| The street add as changed will                       | ress of its registered office and the libe identical.                          | e street address of the business office of its registered age   |             |  |  |
| Such change wanthorized by                           | vas authorized by resolution duly<br>the board, or the corporation has         |   | တ်          |  |  |
| Timol  | Ly M. Harms tury of an officer or director                                     | Timothy M. Harms - President Printed or typed name and title  | -           |  |  |
| I further agree<br>performance o<br>agent. Or. if ti | e to comply with the provisions of<br>of my duties, and I am familiar wit      | gent and agree to act in this capacity.<br>all statutes relative to the proper and complete<br>th and accept the obligation of my position as registered<br>y to reflect a change in the registered office address, I<br>otified in writing of this change. |             |  |  |
| But H  | •  | June 1, 2017  |             |  |  |
| Si   | ignature of Registered Agent   | Date  | _           |  |  |
| If signing on b                                      | ehalf of an entity:  |   |             |  |  |
| Bill Havre   |  | _   |             |  |  |
| •  | Typed or Printed Name  |   |             |  |  |

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

"KS PAYARI E TO FLORIDA DEPARTMENT OF S