I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex- above, or on an attachment with all other like empowered.		
SIGNATURE: JACQUELYN WHITE	DIRECTOR	02/29/2024

SIGNATURE: JACQUELYN WHITE

Electronic Signature of Signing Officer/Director Detail

Tit Na F Ac

# Electronic Signature of Registered Agent

Title	DP	Title	D
Name	JACQUELYN WHITE	Name	KEN LUNKINS
Address	4011 N CYPRESS DRIVE APT 201	Address	1505 NW 80TH AVENUE UNIT F
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	MARGATE FL 33063
Title	MANAGER		
Title Name	MANAGER MCINNIS, YASMINE		

## **Officer/Director Detail :**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

#### **Current Mailing Address:** 4011 N CYPRESS DRIVE APT 201

DOCUMENT# N22000001638

4011 N CYPRESS DRIVE APT 201 POMPANO BEACH. FL 33069

POMPANO BEACH. FL 33069 US

**Current Principal Place of Business:** 

#### FEI Number: 88-0759353

## Name and Address of Current Registered Agent:

JACQUELYN WHITE 4011 N CYPRESS DRIVE APT 201 POMPANO BEACH, FL 33069 US

Entity Name: HARMONY HOME MEMORY CARE CORP

### FILED Feb 29, 2024 Secretary of State 5579180634CC

Certificate of Status Desired: No

DIRECTOR

Date