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IN HARN 9644	ONY WITH N 87 PLACE SO BEACH, FLORII	IATURE
(Cil	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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LOS- 2301	8	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	IN HARMONY WITH NATURE, LLC
2. The mailing address of the limited liability of	
BOYNTON BEACH, FL 33437	
03/07/2005	L05000023018
3. Date of filing/registration in Florida	4. Document number
 The name of the registered agent and the registered agent age	stered office address as shown on the records of the
9844 87TH PLACE	Name SOUTH
BOYNTON BEACH	Address H, FL 33437 , State and Zip
6. The name and address of the new registered a	agent and/or office:
GWEN HARDING	O5
9644 87TH PLACE	NSOUTH 3
Florida street addres	ss (P.O. Box NOT acceptable)
BOYNTON BEACH	
City, S	State and Zip
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the	
GWEN HARDING	ş
(Printed or typed name of signee) I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation and I am familiar with and accept the obligation and I am familiar with and accept the obligation and I am familiar with and accument is being address. I hereby confirm that the limited liability (Signature of Registered Agent)	agent and agree to act in this capacity. I further agree to ve to the proper and complete performance of my auties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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