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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Harmony House, LLC (Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Mark Smithson			
(Name of Person)			
The Harmony House (Firm/Company)			
5970 SW 18th Street, Suite 188			
(Address)	· · · · · · · · · · · · · · · · · · ·		
Boca Raton, FL 33433			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Mark Smithson	at (561) 305-1184		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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	ty company is: The Harmon	ny House, LLC	·
2. The mailing address of the lim	ited liability company is:	4444 Frances Drive	 :
Delray Beach, FL 33445-3221			·································
06/04/2007		LO7000059009	
3. Date of filing/registration in Fl	lorida	4. Document number	
5. The name of the registered ager Florida Department of State:	nt and the registered office	address as shown on the r	ecords of the
Ryan	J. Mueller		
	Name		
4444 F	Frances Drive		75 8 ST
Address			FC = 11
Delray Beach, FL 33445-3221			圣的为
	City, State and Z	ip	08 APR 28 SECRETAR TALLAHAS
6. The name and address of the ne	ew registered agent and/or	office:	PH 1:57
Mark S	Smithson		Los T
5970 S	Name W 18th Street, Suite 188		PROPERTY.
	a street address (P.O. Box	NOT acceptable)	
Poen D	otan m. 2242	22	
Boca R		, , , , , , , , , , , , , , , , , , , 	-
	City, State and Zip)	
If the limited liability company is confirmed that after the change or and the business office of the regiliability company, it is hereby con of the members of the limited lial or the operating agreement of the (Signature of a member or authorized representation)	r changes are made, the Flo stered agent will be identic afirmed that the change(s) validity company or as otherwall limited liability company.	orida street address of the real. Or, in the case of a Flowas/were authorized by an	registered office orida limited n affirmative vote
Ryan J. Mueller			
(Printed or typed name of signee)			
I hereby accept the appointment comply with the provisions of all sand I am familiar with and accept Chapter 608, F.S. Or, if this docuaddress Thereby confirm that the	as registered agent and agistatules relative to the prop t the obligations of my posi iment is being filed to mere climited liability company	ree to act in this capacity. Per and complete performo ition as registered agent a Ply reflect a change in the has been notified in writin	I further agree to ince of my duties, s provided for in registered office ig of this change.
(Signature of Registered Agent)	 		
	rporations, P.O. Box 632 FILING FEE: \$25	•	Į.