# L11000077444

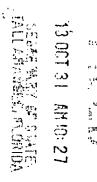
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SUBJECT: Health & Harmony Holdings, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Suzanne Blaney

Name of Person

## Health & Harmony Holdings, LLC

Firm/Company

15951 McGregor Blvd.

Address

Fort Myers, FL 33908

City/State and Zin Code

#### healthandharmonycenter@juno.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Suzanne Blaney

<sub>at</sub> 239

433-5995

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 amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR , DOTH 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. Na	me of the limited liability company: Health & Harmony	Holdings, LLC		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33908		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15951 McGregor Blvd. Fort Myers, FL 33908		
June 24	i, 2011	L11000073444		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a	) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:	:
	Registered Agent:	Tami L. Salvaggio		
	Registered Office Address:	2318 SW 31st Lane Cape Coral, FL 33914		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	dress	
	NEW Registered Agent:	Suzanne K. Blaney		, CHISNO
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15951 McGregor Blvd.		3 3 4 4
	MOST DE TECRIPA STREET APPRESS	Fort Myers	FL 33908	Carrent Sanctif
confir and the liabilithe m the or	limited liability company is not organized under the med that after the change or changes are made, the lab business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwhereating agreement of the limited liability company.  The famember or authorized representative of a member	Florida street address of thatical. Or, in the case of a s) was/were authorized by	e registered off Florida limited an affirmative	vote of
	e K. Blaney Lor typed name of signee	_		
	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the part am familiar with and accept the obligations of my parties of the parties of	agree to act in this capaci roper and complete perfor osition as registered agen erely reflect a change in th ny has been notified in wri	ty. I further ag mance of my di t as provided fo he registered of iting of this cha	ree to uties, or in ffice inge.
Signati	nr of Registered Agent			
,	Division of Corporations, P.O. Box 6 FILING FEE:	•	314	

INHS18 (05/08)