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(Requestor's Name)			
(Address)			
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K.SALY EXAMINER FEB - 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARP Palm Beach, 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:

Kristin Cicerchia

Name of Person

HARP Palm Beach, LLC

Firm/Company

2655 North Ocean Drive Suite 103

Address

Singer Island, FL 33404

City/State and Zip Code

info@harptreatmentcenter.com

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

For further information concerning this matter, please call:

Gino or Kristin Cicerchia at 561 594-0206

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

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. Name of the limited liability company: HARP Palm Beach,	rrc	
2. (a) Principal office address of limited liability compar		
(Note: MUST BE STREET ADDRESS)	Suite 103	
	Singer Island, FL 33404	_
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2655 North Ocean Drive	西西
	Sulte 103	
	Singer Island, FL 33404	377. F M
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The state of the s		
3. Date of filing/registration in Florida	4. Document number	5. O.
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Kristin K Cicerchia	Dept. of State:
Registered Agent:	Kristiff K Olderchild	
Registered Office Address:	0775 Lake Debra	
	2775 Lake Drive	
	Singer Island, FL 33404	
(h) Fater name of NEW Decision I Acres and (a) NE		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	w Registered Office add	<u>uress</u> :
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2655 North Ocean Drive	
	Suite 103	
	Singer Island	.FL 33404
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(so the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a my liber of authorized representative of a member	Florida street address of thatical. Or, in the case of a solution was/were authorized by	e registered office Florida limited an affirmative vote of
Kristin Cicerchia Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, thereby confirm that the limited liability company	agree to act in this capaci roper and complete perfor osition as registered agen erely reflect a change in t ny has been notified in wri	ity. I further agree to rmance of my duties, t as provided for in he registered office iting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent