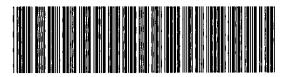
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(R	lequestor's Name)	,	
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #	(†)	
PICK-UP	WAIT	MAIL	
(B	Business Entity Name	<u>e)</u>	
(E	ocument Number)	<u> </u>	
Certified Copies Certificates of Status			
Special Instructions to	o Filing Officer:		

Office Use Only



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JUN 0 1 2017 J SHIVERS

COVER LETTER

Division of Corporations	
SUBJECT: Fromer lealt Name of Limite	y Caroup Harmony,
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:
Name of Person	
FIRSTILL LEALTY CATONA	2
PIUT Narcooffee Pd Shu	te 102
Orlando Cl 32827 City/State and Zip Code	
E-mail address: (to be used for future annual report to	ALCOM aotification)
For further information concerning this matter, please call	:
Name of Person at (40	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:	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Nam	ne of the limited liability company	* Ausilia R	- CONHA	Group '	Hurm	ery. U
2. (a) 7	Principal office address of limited (Note: MUST BE STREET		(b) 7273 M	lailing address of limi		•
	Hamony, fr	34771	Har	mony	R	3477
3.	Date of filing/registration in	n Florida 4.	LIT	Oocument number	350	39
5. (a) $\frac{1}{2}$	Steve Fusili Registered Agent and Registered Office sho	The second of the Ele	pride Dont of State			
· _	1272 Harmon	r.	rice	TALLA SECIE	ال 17	
(b) <u>T</u>	Let Y Lace Inter name of NEW Registered Agent and	, FL 3	ムフユュ	MASSEE FLORIDA	N-1 AN 7:21	
<u>N</u>	NEW Registered Office Address:					
_		, FL				
the chang agent will was/were	ited liability company is not organge or changes are made, the Florida l be identical. Or, in the case of a authorized by an affirmative vote es of organization of the operating	a street address of the reflorida limited liability of the members of the	egistered office of company, it is limited liability	and the business of hereby confirmed company or as of	ffice of the	e registered ange(s)
Signature	e of a member or authorized representative	e of a member		Printed or typed name	of signee	
I hereby provisión the obliga to merely notified in	accept the appointment as registed is of all statutes relative to the propartions of my position as registered in the registered in writing of this change.	red agent and agree to per and complete perfo agent as provided for office address, I hereb	act in this capac rmance of my di in Chapter 605, y confirm that th	city. I further agra uties, and I am far F.S. Or, if this do te limited liability	ee to compl niliar with cument is i company h	ly with the and accept being filed as been
Signature	of North Agent					