

L18000040332

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
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LLC REGISTERED AGENT CHANGE
HARMONY TREATMENT AND WELLNESS OF STUART LLC

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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 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. Name of the Limited Liability Company:

HARMONY TREATMENT AND WELLNESS OF STUART
LLC

2. (a) 616 CENTRAL PKWY

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 616 CENTRAL PKWY

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

STUART, FL 34994

STUART, FL 34994

2/13/2018

3. Date of filing/registration in Florida

L18000040332

4. Document number

5. (a) ADVISOR LAW

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3910 RCA BLVD SUITE 1015

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

(b) Capitol Corporate Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

By: Harmony Health Recovery, LLC, sole Member

By: Harmony Health Group, LLC, sole Member

By: Deja Gilbert, PhD., CEO Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Brian Radecki
Signature of Registered Agent

Brian Radecki, Assistant Secretary on
behalf of Capitol Corporate Services, Inc.

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