

L18000064609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

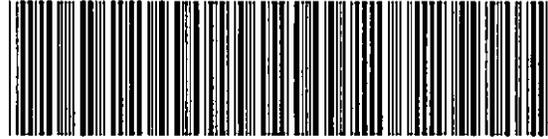
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08/18/21--01006--002 **25.00

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2021 JUN 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 23 PM 2:05

May 3, 2021

MIRELA OSVLLIVAN
18450 LONG LAKE DRIVE
BOCA RATON, FL 33496

SUBJECT: HARMONY YOGA LLC
Ref. Number: L18000064609

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 721A00009177

PLEASE REFUND CHECK # 1037 IN
THE AMOUNT OF \$35 FOR THE PREVIOUS
FILING.

NEW CHECK PROVIDED FOR NEW FILING
INCLUDED.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARMONY YOGA 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:

MIRELA OSULLIVAN
Name of Person

HARMONY YOGA LLC
Firm/Company

18450 LONG LAKE DR.
Address

BOCA RATON, FL 33494
City/State and Zip Code

ROBERTOSULLIVAN71@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT OSULLIVAN at (917) 825-7471
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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 YOGA LLC

2. (a) 18450 LONG LAKE DR. BOCA RATON FL (b) 18450 LONG LAKE DR.
 Principal office address of limited liability company: 33496 Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
BOCA RATON, FL 33496

3. MARCH 12, 2018 Date of filing/registration in Florida 4. L18000064609 Document number

5. (a) United States Corporation Agents, Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran Blvd.
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 36
Orlando, FL 32822

(b) MIRELA O'SULLIVAN
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
18450 LONG LAKE DR.
BOCA RATON
 FL 33496

2021 JUN 23 PM 3:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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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.

Mirela O'Sullivan Signature of a member or authorized representative of a member
MIRELA O'SULLIVAN Printed or typed name of signer

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.

Mirela O'Sullivan
 Signature of Registered Agent