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COVER LETTER

то:	Registration Section Division of Corporations				
CH D H	Harmony Wellness Consulti	ng LLC			
JOBJ	SUBJECT: Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Jean	nie Perez				
	Name of Person	· · · · · · · · · · · · · · · · · · ·		ਹੈ:0	
Harm	nony Wellness Consulting LLC			ECRE	
	Firm/Company		_		
798 F	Harmony Drive West			HASSEF FLOR	
	Address				
Saint	Johns FL 32259				
	City/State and Zip Code				
jeanr	nie@harmonywellness4u.com				
ī	E-mail address: (to be used for future and	iual report noti:	ication)		
For fu	rther information concerning this matter	, please caff:			
Jeani	nie Perez	904	553.3865		
	Name of Person	··· (Area Code & Daytime Telepho	one Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	☑ \$25 Filling Fee	□ s	55 Filing Fee & Certified Copy		

■ \$25 Filing Fee

FILED

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.

I. Na	ime of the limited liability company: Harmony Wel	Ilness Consulting	LLC	
!. (a)	Harmony Wellness Consulting LLC	(b) Harmon	y Wellness Consulting LLC	
(47	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	798 Harmony Drive West	798 Har	798 Harmony Drive West	
	Saint Johns FL 32259	Saint Jo	hns FL 32259	
	4/25/2018	L1800010	03978	
•	Date of filing/registration in Florida	4.	Document number	
()	Tracy Perez			
i. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat		
	Harmony Wellness Consulting LLC		7.0 2	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	977	
	798 Harmony Drive West		2019 FEB 27 SECRETAR	
	Saint Johns FI	32259		
	Jeannie Perez		PH 4: 42	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	·	
		 -	•	
	Harmony Wellness Consulting LLC		_	
	NEW Registered Office Address:			
	798 Harmony Drive West		-	
	Saint Johns	32259		
he cha gent v vas/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered offic ability company, it i of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	man Africa	Tracy Perez		
	rure of a member or authorized representative of a member	-	Printed or typed name of signee	
rovisi he obl o mer	by accept the appointment as registered agent and agtions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act in this cap performance of my d for in Chapter 60, hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent			