

POS000082389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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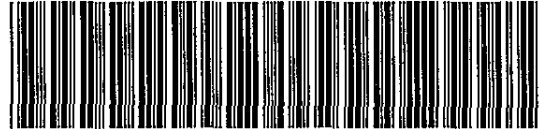
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harmony Health Products, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** PO5000082389

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Lemare  
(Name of contact person)

Harmony Health Products, Inc  
(Firm/Company)

131 NW 1<sup>st</sup> Ave  
(Address)

Delray Beach, FL 33444  
(City/state and zip code)

For further information concerning this matter, please call:

Tina Carpenter at (561) 504-1654  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Harmony Health Products, Inc.
2. The principal office address: 131 NW 1st Ave  
Delray Beach, FL 33444
3. The mailing address (if different): 131 NW 1st Ave  
Delray Beach, FL 33444
4. Date of incorporation/qualification: 6/8/05 Document number: P05000082389
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Elizabeth Fabrizio  
2150 Lake Ida Road Suite 6  
Delray Beach, FL 33445

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Connie Skoczynski  
1015 Spanish River Rd # 306  
(P.O. Box NOT acceptable)  
Boca Raton FL 33432

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Robin Lemare, President  
(Signature of an officer or director) (Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Connie Skoc 8/5/05  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Connie Skoczynski  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*