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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: GREEN SCHOOLS NATIONAL NETWORK, INC. Name of Corporation DOCUMENT NUMBER: F19000001108 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: Leah Williamson Name of Contact Person Harbor Compliance Firm/Company 1830 Colonial Village Lane Address Lancaster, PA 17601 City/State and Zip Code nonprofit@harborcompliance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leah Williamson at (717) 431-9038 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	unge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of <u>WISCC</u> tered agent, or both, in the State of Florida	ONSIN	
1. The name of	the corporation: GREEN SCHOOLS NA	TIONAL NETWORK, INC.		
2. The principal	office address: 109 PINE VIEW DR., MA	ADISON, WI 53704-7686		
	PO BOX 14744 M	ADISON WI 53708		
3. The mailing a	address (if different): PO BOX 14744 MA	Document number: F19000001108		
				-
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the led)		
	JOHN BREAZEALE	လ	20	
	711 FOREST CLUB DR 3106	TALL	121 FEB	T.
	WELLINGTON, FL 33414	TARATION OF THE PROPERTY OF TH	1	Carrest Carrest
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered of the	PM 1: 5	
	Registered Agents Inc.	LIE	55	
	7901 4th St N STE 300			
	P.O. B	ox NOT acceptable		
	St. Petersburg FL 33702			
The street addr as changed will	ess of its registered office and the stree l be identical.	t address of the business office of its regis	stered	agent,
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an office otified in writing of the change.	er so	
January	Syde !	Jennifer Seydel		
Signati	ire of an officer or director	Printed or typed name and title		
I herchy accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete digation of my position as registered agen he registered office address. I hereby con c.	perfor it. Or firm th	mance if this at the
Signature of Registered Agent		01/21/2021		
Sig	gnature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Bill Havre				
Т	yped or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)