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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| . (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE OF COMPORATIONS

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COVER LETTER

| то: | Registration Section Division of Corporations | | | | | |
|---|--|---------------------------------|--|--|--|--|
| SUBJE | ECT: | ROBERT GREEN AND ASSOCIATES LLC | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear S | ir 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: | | | | | | |
| ALCII | DE ALUSCA | | | | | |
| | Name of Person | | | | | |
| ROBERT GREEN AND ASSOCIATES | | | | | | |
| | Firm/Company | | • | | | |
| 3620 | NARROLINE DRIVE | | | | | |
| | Address | | • | | | |
| ORLA | ANDO, FLORIDA 32818 | | | | | |
| | City/State and Zip Code | | | | | |
| | DEALUSCA@GMAIL.COM | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| ALCII | DE ALUSCA | 407 | 955-6361 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regis Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | □ \$25 Filing Fee | ☑ \$55 | Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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. N | ame of the limited liability company: ROBERT G | REEN AND | ASSOCIATES LLC |
|---------------------------------------|---|---|--|
| 2. (a) | | (b) | |
| - () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` ` ` _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 1562 SE VILLAGE GREEN DRIVE | 3 | 620 NARROLINE DRIVE |
| | PORT ST LUCIE, FLORIDA 34952 | | ORLANDO, FLORIDA 32818 |
| | SEPTEMBER 13, 2016 | L1 | 6000171167 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| J. (a) | Registered Agent and Registered Office shown on the records | of the Florida De | pt. of State: |
| | ALCIDE ALUSCA | | ينين . |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | |
| | 3620 NARROLINE DRIVE | | THE STATE OF THE S |
| | ORLANDO | _{FL} 32818 | T HAR -3 |
| | , | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | |
| | Enter name of NEW Registered Agent and/or NEW Register | <u>ed Office addre:</u> | 2 ONS |
| | ALAND DERVIS | | |
| | NEW Registered Office Address: | _ | |
| | 3620 NARROLINE DRIVE | | |
| | ORLANDO, | FL_32818 | |
| the ch agent was/w the art | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member ticks of organization or the operating agreement of the difference of a member or authorized representative of a member | of the register liability comp s of the limite he limited liab | red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in |
| provis the ob to mei notifie | eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed inviviting of this change: | igree to act in ete performand ded for in Cha I hereby conf | this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00