P06000154690

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR RÉGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Greentree Property Investments Inc office address: 13 Ballard Ave, Saint Augustine, FL 32084December 18th
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: December 18th Document number: P06000154690
	d street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
	Robin Brisland
	250 Trade Wind Lane
	Saint Augustine, FL 32084
6. The name and (if changed):	Robin Brisland 250 Trade Wind Lane Saint Augustine, FL 32084 Street address of the new registered agent (if changed) and /or registered office Robin Brisland 13 Ballard Ave
	Robin Brisland
	TO DEMARK 7110
	P.O. Box NOT acceptable Saint Augustine, FL 32084
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so has been notified in writing of the change.
(Robin Brisland Printed or typed name and title
I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered affice accuress. I hereby confirm that the state holigies in William of this change.
<u></u>	09/21/09
•	chalf of an entity:
	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *
М	Make checks payable to Florida Department of State Iail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)

Cn# 4001 \$35,00 Inclaud.