7 0000001900

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
O. SILAS						

Office Use Only



100386803191

ZUZZ MAY -2 AM 8: 10 SECRETARY OF STATE

REMAY -2 PH 2:

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 5/2/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1033122

ORDER ENTITY

GREENMAN-PEDERSEN, INC.

_	_	_									
P	L	EΑ	SE	PERF	ORM	THE	FOL	LOWIN	IG	SERV	TCES:

GREENMAN-PEDERSEN, INC (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: support@registeredagentsinc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, May 2, 2022 Page 1 of 1

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida of organized under the laws of the State of registered agent, or both, in the State of t	New York					
1. The name of t	he corporation: GREENMAN-PEI	DERSEN, INC						
	office address: 325 W Main Street,							
3. The mailing a	ddress (if different): 325 W Main	Street, Babylon, NY, 11702						
4. Date of incorporation/qualification: 04/20/2010 Document number: F10000001900								
5. The name and		tered agent and registered office on file w						
	CORPORATION SERVICE COM	PANY						
	1201 HAYS STREET		- - (0 >>					
	TALLAHASSEE, FL 32301-2525		POZZZ N					
6. The name and (if changed):	I street address of the new register	7027 MAY -2 AI SECRETARY OF TALLAHASSE						
	Registered Agents Inc.		/mi. 🚢 🚞					
	7901 4th St N STE 300	8: 1: STATI						
	P.O. Box NOT acceptable St. Petersburg FL 33702							
The street addre	ess of its registered office and the be identical.	street address of the business office of it	ts registered agent.					
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so					
/s/ Michael B	uoncore	Michael Buoncore, Executive Vice President						
=	re of an officer or director	Printed or typed name and li	ille					
I further agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept to reflect a change been notified in writing of this c	tent and agree to act in this capacity, all statutes relative to the proper and con he obligation of my position as registere e in the registered office address. I here hange.	nplete performance d agent. Or, if this by confirm that the					
Bee Han	nature of Registered Agent	5/2/2022						
		Date						
If signing on be	half of an entity:							
Bill Havre								
T	sped or Printed Name	-						

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