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Division of Corporations

Fax Number

: (850)617-6380

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

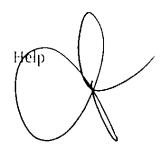
**Enter the email address for this business entity to be used for f∳t↓ure annual report mailings. Enter only one email address please.

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Email	Address:	
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REGISTERED AGENT CHANGE THE GREEEN HOUSE CORPORATION

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	, inge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida State organized under the laws of the State of <mark>Del</mark> registered agent, or both, in the State of Flor	aware
1. The name of	the corporation: The Greeen H	ouse Corporation	
	office address: 10875 Oversea		
3. The mailing a	address (if different): 51 Coffeer	Avenue Suite 101-283 Sheridan W	Y 82801
	poration/qualification: 10/31/22	Document number: F2200000	
5. The name and		tered agent and registered office on file with resigned)	the
	HIDALGO-GATO, OVIDIO		20
	2304 BAY VILLAGE CT		2023 FEB 27
	WEST PALM BCH, FL 331	40	327
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	AH 7: 55
	Registered Agents Inc		7. Mil
	7901 4th St N STE 300		
	St. Petersburg FL 3370	PO Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re-	egistered agent,
Such change wa authorized by th	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an ofleen notified in writing of the change.	icer so
Watter T Sheffield Signature of an officer obstacetor		WALTER T SHEFFIELD - PRESIDENT Printed or typed name and title	
l furthér agrée : of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed marely to reflect a chang s been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and comple he obligation of my position as registered a e in the registered office address, I hereby c hange.	ete performance gent. Or, if this onfirm that the
. wi-250		02/27/2023	
Sig	mature of Registered Agent	Date	
-	chalf of an entity:		
David Robe			
ı	yped or Printed Name *** FILES	NG FEE: \$35.00 * * *	
	4 1141.	•••••	

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