

F94000001061

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

REGISTERED AGENT CHANGE

JOHN GREENE CORPORATION

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JOHN GREENE CORPORATION
2. The principal office address: 3516 EAST NORVEL BRYANT HWY
HERNANDO, FL 34442
3. The mailing address (if different): PO BOX 663
COMMACK, NY 11725
4. Date of incorporation/qualification: 3/3/1994 Document number: F94000001061
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

XL CORPORATE SERVICES INC44345 OLD WINTER GARDEN RDORLANDO, FL 32802

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.515 EAST PARK AVENUE(P.O. Box NOT acceptable)TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

SUSAN CRUZ/ OFFICER(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

9/17/2008(Date)

If signing on behalf of an entity:

Mar D. Mail 1908 Seig
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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