## 1/120006

JOHN GRI Bookkeeping Of PO Box 663 Commack, NY	fice	PORATION
(Cit	y/State/Zip/Phor	e #)
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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: F9400001061
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
BLUMBERG EXCELSIOR For E
62 WHITE STREET
NEW YORK, NY 10013
6. The name and street addressing the new registered agent (if changed) and for registered office (if changed):
VILLENT LANZARONE
3103 SOUTH ROSE AVENUE
_ (P.O. Box NOT acceptable)
INVERNESS, FL 34450
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 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.
1/21/09 (Date)
If signing on behalf of an entity:
VINCENT LANZARONE (Typed or Printed Name)

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

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