

# L04000072238

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MBLAW  
Account Number : I20060000180  
Phone : (352) 240-3218  
Fax Number : (352) 240-3219

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 TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: clauder@mblawoffices.com

### REGISTERED AGENT CHANGE GREENFIELD CREEK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$25.00</del>

*\$25.00*

**J. BRYAN**

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DEC 29 2009

**EXAMINE R**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Greenfield Creek, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claude R. Moulton

Name of Person

Moulton Bosshardt, LLC

Firm/Company

1354 North Laura Street

Address

Jacksonville, FL 32206

City/State and Zip Code

claudio@mblawoffices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claude R. Moulton

Name of Person

at ( 904 )

632-0120

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

**FILED**  
**09 DEC 28 AM 8:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Greenfield Creek, LLC

2. (a) Principal office address of limited liability company: 184 Plantation Circle South

☒ (Note: **MUST BE STREET ADDRESS**)

Ponte Vedra Beach, FL 32082

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**)

10/05/2004

3. Date of filing/registration in Florida

L04000072238

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Sharon S. Learch

Registered Office Address:

1808 North Third Street  
Jacksonville, FL 32082

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Claude R. Moulton

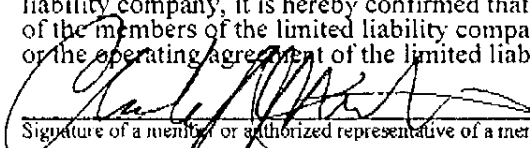
**NEW** Registered Office Address:

1354 North Laura Street

**(MUST BE FLORIDA STREET ADDRESS)**

Jacksonville, FL 32206

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Claude R. Moulton

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00