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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GREEN DRAGON FLO	RIDA LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ace Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Lucas Ewing	
Name of Person	
GREEN DRAGON FLORIDA L	LC
Firm/Company	
2467 Sheridan Blvd. Suite A	
Address	
Edgewater, CO 80214	<u> </u>
City/State and Zip Code	•
compliance@eaze.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter.	, please call:
Lucas Ewing	at (303 ) 349-6822
Name of Person	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	g amount:
	☐ \$55 Filing Fee & Certified Copy

1NHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	Principal office address of limited liability compar	(b	Mailing address of lim	itad liability company	
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ıy:	( <u>Note: MAY BE POST OFFICE BOX</u> )		
	7901 4th St N STE 300 St. Petersburg FL		7901 4th St N STE 300 St. Petersburg FL 33702		
	Date of filing/registration in Florida	4.	Document number	er	
. (a)			<u></u>		
,	Registered Agent and Registered Office shown on the reco	a Dept, of State:			
	GUNSAULLUS, AMY		···		
		<del></del>	**		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS	<u>Si</u>	2022 ALL	
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS	<u> </u>	2022 AU	
	1660 S Congress Avenue Suite 2			2022 AUG 18	
(b)	1660 S Congress Avenue Suite 2	<u>reet address</u> , FL_33426		2022 AUG 18 AM 9	
(b)	1660 S Congress Avenue Suite 2  Boynton Beach	, FL_33426	<u></u>	18 AH S: I	
(b)	1660 S Congress Avenue Suite 2  Boynton Beach  Registered Agents Inc.	, FL_33426	<u></u>	SECTED AH	
(b)	1660 S Congress Avenue Suite 2  Boynton Beach  Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Reg	, FL_33426	<u></u>	18 AH S: I	
(b)	1660 S Congress Avenue Suite 2  Boynton Beach  Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Reg  7901 4th St N	, FL_33426	<u></u>	18 AH S: I	

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.

Lucas Twing
Signature of a member or authorized representative of a member

Bill Havre

Lucas Ewing

Printed or typed name of signee

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 605, F.S. Or, 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.

Assistant Secretary

Signature of Registered Agent