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(Dawyastada Nawa)					
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Duair and Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

L. SELLERS

SEP - 22008

EXAMINER

Office Use Only



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SEGRETACT OF STATE FALLAHASSEE FLORIDA

COVER LETTER

Division of Corp	tion porations					
				,	7.0	
SUBJECT:G	REEN	HAVEN	ACRES	<u> </u>	<i>+</i> 8	<u> </u>
	((Name of Limit	d Liability Comp	any)		
Dear Sir or Madam:						
The enclosed Registere	d Agent/Regi	stered Office Cl	ange and fee(s) ar	e submitted	d for filir	12.
_			,,			J
Please return all correspondence concerning this matter to the following:						
•	•					
<u> </u>						
,	·					
(F	Firm/Company)					
2955 B	AS# 11	TH AVENILA	·			
and the second s	(Address)	Paris de Marie de Ministres	135			
		_				
HIALRAH FLORIOA 33013 (City/State and Zip Code)						
(City/	State and Zip Coo	10)				
			· .			
For further information	concerning th	nis matter, pleas	e call:			
	\$			200		
A M ANC 10 (Name o	ALONSO	at (<u>'3</u>	05) 691	· 4814	NI	
(Name o	i Person)	(/	Area Code & Dayt	ime relepn	one Nun	iber)
STREET/COUR		SS:	MAILING ADD Registration Section			
Registration Secti Division of Corpo			Division of Corpo			
Clifton Building			P.O. Box 6327			
2661 Executive C		•	Tallahassee, Flori	da 32314		
Tallahassee, Flori						
Enclosed is a check for the following amount:						
\$25 Filing Fe	:e	[\$55 Filing Fee	& Certified	і Сору	

INHS18 (5/08)

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: GREEN H	AVEN ACTES LOT 79 LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2955 E 1171 AVENUE HIALEN H FLORION 33013
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2955 R 11TH ALRAUR HIALRAH FL 33013
3. Date of filing/registration in Florida	L Ø5 Ø Ø Ø テ 1 Ø 6 3 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CORPDIRECT AGENTS, INC
Registered Office Address:	P.O. BOX 38413 TALLAHASER, FL 32315
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	AMANCIO ALONSO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2955 EAST 11TH AVENUE
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.	address of the registered office and the business use of a Florida limited liability company, it is
× ····	
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address. I hereby in writing of this change.
(Signature of Registered Agent)	B AUG ECRE LLAH
Division of Corporations, P.O. Box FILING FEE:	6327, Tallahassee, FL 32314 SSS 29 ₹ \$25.00
INHS18 (05/08)	