L05000106294

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2013 OCT 16 PN 12: 26
SECRETARY OF STATE
AND ADVISORS IN COURT

N. Ouffigur OCT 1 7 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CREEN HOUSE TOWESTMENTS, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Haven Flynn (F/N/A-Ka	uen westenberger)	
Greenhouse Investment	otto , LLC	
1140 S. Points Alexis D	<u>)~</u>	
Terryon Spring FL. 3	4689	
E-mail address: (to be used for future annual report notification)	, com	
For further information concerning this matter, please	call:	
Xaren Flynn at (T	27) 326 - 4039 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	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

agent, or both, the the state of Florida.	
1. Name of the limited liability company:	house Investments, LL
2. (a) Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS)	y: 1140 s. Pointe Alexis Dr. Tarponsprings El
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1140 S. POINTE ALEXIS Dr. Tarpon Spring 34689
11/1/05	L05000106294
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Laren Westenberger
Registered Office Address:	1/31 Pockross Ave.
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Laren Fryng 20
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1140 S. Poline Hexistor. Tarpon SPring 34289
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
Signature of a member or authorized representative of a member	(Header marso X-A/D
Lavon Flyon (F/0/2-	Karen Westenberger)
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, sosition as registered agent as provided for in the registered office ny 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