## L0600019323

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**EXAMINER** 



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05/29/08--01018--015 \*\*25.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GREEN ACRES	nited 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 n	natter to the following:	
MS.T.S. BLACKBURN (Name of Person)		
GREEN ACRES LLC (Firm/Company)		
7400 SW 9th ST	<del></del>	
PLANTATION, PL 333 (City/State and Zip Code)	17	
For further information concerning this matter, ple	ease call:	
MS S. BLACKBURN at (	(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	

## 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 liab company submits the following statement in order to change its registered office or registered agent, or b in the State of Florida.	oth,
1. Name of the limited liability company: WHEN ACLES LLC	
2. (a) Principal office address of limited liability company: 7400 SW 9th ST (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
5/29/08  L0600019323  3. Date of filing/registration in Florida  4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent: DERRY & DERRY MOME	<b>4</b>
Registered Office Address:  5582 W. OAKLAND PARK  LAU OFFILIT  333313	INV B
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	,
NEW Registered Agent: MS T. S. BLACKBUR	W
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  7400 SW 94 ST  PLANTATION  FL 333	7
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 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 limit 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)	
(Printed or typed name of signee)  (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 amiliar with and accept the obligations of my position as registered agent as provided for in Chapter of 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.	1 18, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13,
(Signature of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (05/08)