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SECRETARY OF STATE
TALLAHASSEF, FIORICA

COVER LETTER

TO: Registration Section Division of Corporations		
	ternational LLC Liability Company)	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
•	•	
Steven Kazimirov	<u>/. </u>	
(Firm/Company)	200 TALI	
55 Old Oak Drive	S.	
(Address)		
Halm Coast FL 3213		
(City/State and Zip Code)	2: 49 2: 49 00RIDA	
For further information concerning this matter, please	se call:	
Steven Kazimirov at 3	36,931-9838	
(Name of Person) at (2	(Area Code & Daytime Telephone Number)	
,		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: Greentree International LLC.
2. The mailing address of the limited liability company is: 55 Old Oak Drive S. Palm Coast FL 32137
July 17, 2006 3. Date of filing/registration in Florida 106000070764 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Spiege & Utrefa, ff Name Name Address MIAM City, State and Zip 33145 EEE
6. The name and address of the new registered agent and/or office: Steven Kazimiro/SAR = 55000 Oak Drive S. FIST TO Florida street address (P.O. Box NOT acceptable) Florida Street address (P.O. Box NOT acceptable) Florida Street and Zip
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) Steven Kazimirov - Operative Manager. (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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby configuration 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