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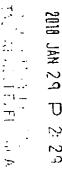
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO: Registration Section Division of Corporations	p.
Greenland Commerce, LLC	
SUBJECT: Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Angela Breale Name of Person	
Crabbree Lew Gr.	Qup = T
8777 Sangose Blud. É	Slas. A, Stute 200
Address	20
Day 16 32217	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	- Com ort notification)
For further information concerning this matter, please	call:
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314
Enclosed is a check for the following amoun	nt:
□ \$25 Filing Fee	S55 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.

1. N	ame of the limited liability company: Greenland C	commer	ce, LLC	
)	
	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Ŋ.	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6817 Southpoint Parkway, Suite 1304		503 Sher	
-	Jacksonville, FL 32216		Shrevepo	ort, LA 71106
	09/18/2006		L0600009	1208
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)	R.R. Crabtree			
J. (11)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	R.R. Crabtree			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	-1 - <u>-</u>
	8777 San Jose Blvd., A-200			2018
	Jacksonville, FI	32217		
				, : No 1
(b)				i j
	Enter name of NEW Registered Agent and/or NEW Registered	I Office ad	<u>iress:</u>	
	Zachary C. Crabtree			' N D
	NEW Registered Office Address:	-		•
	, FL			
	· · · · · · · · · · · · · · · · · · ·			
the cha agent v was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim limited li	tered office a mpany, it is l ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signal	une of a member or authorized representative of a member		j	rinted or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is I'm writing of this change.	ree to act performa d for in (, hereby co	in this capac nce of my di hapter 605, nfirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signation	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00