L06000111040

(Requestor's Name)						
(Address)						
(riddless)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(2002						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special illustractions to rining Officer.						

Office Use Only



300334752833

09/27/19--01025--017 **25.00

19 35P 27 PN 7:0

OCT 14 2019 S. YOUNG

COVER LETTER

TO:	_	istration Section sion of Corporations						
SUBJ	vet.	GREENBELT LLC						
SUDJ	r.C i i	Name of Limited Liability Company						
Dear S	Sir or I	Madam:						
The e	nclose	d Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.				
Please	e returi	n all correspondence concerning th	is matter to	the following:				
FRE	DERI	CK GRACE						
		Name of Person						
GRA	CE D	EVELOPMENT						
		Firm/Company						
3309	FAIF	RMONT DRIVE						
		Address						
NAS	HVIL	LE TN 37203						
		City/State and Zip Code						
RSF	IELD	@GMAIL.COM						
	E-mail	address: (to be used for future ann	iual report i	notification)				
For fu	irther i	nformation concerning this matter.	please call	:				
ROB	BERT	FIELD	at (561-459-2770				
		Name of Person		Area Code & Daytime Telephone Number				
	Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

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; GREENBE	LT LLC					
2. (a)			p)				
-/ (**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	241 BRADLEY PLACE		3309 FAI	RMONT DRIVE			
	Palm Beach, FL 33480		NASHVII	LLE TN 37203			
	11/16/2006		L0600011	1040			
3.	Date of filing/registration in Florida	4.	-	Document number			
5. (a)							
J. (II)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of State:	7 . · · · · · · · · · · · · · · · · · ·			
	CORPORATION SERVICE COMPANY						
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES.	<u>S)</u>	皇: 鲁 卫			
	1201 HAYS ST.			27			
	TALLAHASSEE	3230)1	FILED PR 7:09			
		FL,		į.			
(b)				09			
X · V	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	ROBERT FIELD						
	NEW Registered Office Address:						
	241 BRADLEY PLACE						
	PALM BEACH	FL 3348	30				
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the second control of	of the regi I liability cors of the lin the limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in bany.			
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee					
I here provisi the obl to mere notified	by accept the appointment as registered agent and a jons of all statutes relative to the proper and completing and one of the proper and completing at the registered agent as proviety reflect a change in the registered office address, and the change.	agree to ac ete perform ided for in (. I hereby c	t in this capa cance of my d Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been			
Signatu	re of Registered Agent						

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