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

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J. SAULSBERRY EXAMINER

OCT 1 7 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Greenhouse Name of I	Property Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted t	for filing.
Please return all correspondence concerning	this matter to the following:	
Haren Flynn (F/) Nanc of Person	A-Karen Weste	alserger)
Greenhouse Proper	24(03)77	2013 OCT
1140 S. Pointe Ale	ExisDe	TIT AM
TAYON Spring) F	FL 34689	e 07
E-mail address: (to be used for future almust report r	lotto Competification	
For further information concerning this matter	er, please call:	
Agren Flynn Name of Person	at (727) 326-40 Area Code & Daytime Telephone	Number 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	na amaunt	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Name of the limited liability company:	THE COLLARD SCHOLLE
2. (a) Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)	my: 140 s. Pointe Alexis D. Tarpon Springs 34689
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1140 S. Powitz Alexis Dr. Tarpon Springs 274689
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Laren WESTERBERMER
Registered Office Address:	6/3/ Rockross Ave New Port Richery FL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	V
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1140 S. Pointe Alexis D. Torpon Spring 34689
of the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as otherwhe operating agreement of the limited liability company.	Florida street address of the registered office
Signature of a number or authorized representative of a member	aren meztenperder)
Printed or speed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pund I am familiar with and accept the obligations of my parties to the pund I am familiar with and accept the obligations of my parties to the puncture of the companies of the comp	
Signature of Registered Agent	
Division of Corporations, P.O. Box 6	327. Tallahassee FL 32314

FILING FEE: \$25.00