LO8 6000 7/579

(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:	

Office Use Only



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09 JUN 24 FN 4: 14

S. HAWKES
JUN 2 5 2009
EXAMINER

COVER LETTER

TO: Registration Sec Division of Cor			
B.Vision of Cor	orations .		
SUBJECT:	Logic	al Green LLC	
	Name of Limite	d Liability Company	
Dear Sir or Madam:			
The enclosed Registere	d Agent/Registered Office	Change and fee(s) are	e submitted for filing.
Please return all corresp	ondence concerning this n	natter to the following	;:
J	effrey Collins		
N	ame of Person		
	ical Green LLC		
F	irm/Company		
11380 Prosperi	y Farms Road, Suite 20 Address	9A	
City/S	Gardens, Florida 33410 State and Zip Code		
E-mail address: (to be use	logicalgreen.com ed for future annual report notificat	on)	
For further information	concerning this matter, ple	ease call:	
Jeffrey (561) Area Code & Day	386-9887 time Telephone Number
STREET/COUR	IER ADDRESS:	MAILING ADDR	RESS:
Registration Secti	on	Registration Section	on
Division of Corpo		Division of Corpor	
Clifton Building		P.O. Box 6327	
2661 Executive C	enter Circle	Tallahassee, Florid	la 32314
Tallahassee, Flori	da 32301		
Enclosed is a ch	eck for the following am	ount:	
 ✓ \$25 Filing Fe	e	\$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. Name of the limited liability company:	Logical Green LLC			
2. (a) Principal office address of limited liability company	: 11380 Prosperity Farms Road			
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company:	Suite 209A Palm Beach Gardens, Florida 33410			
(Note: MAY BE POST OFFICE BOX)				
7/24/2008	L08000071579			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:			
Registered Agent:	CT Corporation System			
Registered Office Address:	1200 South Pine Island Road Plantation, Florida 33324			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	Jeffrey Collins			
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road Suite 209A			
	Palm Beach Gardens ,FL 33410			
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 Jeffrey Collins				
Printed or typed name of signce	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my polypoer 608, F.S. Or, if this accument is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas 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				