## 108000101268

(Red	questor's Name)				
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
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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2011 NOV 22 PH 5: 33

J. SAULSBERRY EXAMINER

NOV 23 2011

## **COVER LETTER**

SUBJECT:	SUBJECT: Greenwood Carpentry LLC					
			Liability Comp			
Dear Sir or Madam:						
The enclosed Registere	d Agent/Registered (	Office (	Change and fee(s	s) are submitted	l tor filing.	
Please return all corres	pondence concerning	this m	atter to the follow	wing:		
	Clinton Geisel					
1	Name of Person					
_					201 TAL TAL	
	vood Carpentry LLC	<u> </u>				
'	Firm/Company				HAND ON N	
SSS	5 pand apple rd				2011 NOV 22 PM 5: 33 SCERETARY OF STATE TALLAHASSEE, FLORID	
003	55 pond apple rd Address		<del> </del>		<b>₩</b>	
	rudioss				00 % 02 %	
Poor	Raton FL 33433				<u>_</u> 5533	
	State and Zip Code		<u> </u>			
greenwood	dcarpentry@gmail.c	com	· ·			
E-man address. (do se u-	1 4					
	e de la constant	er, plea	se_call:			
Clinton	Geisel	at (	561 )	699-871	7	
Name of Pe	rson	\	Area Code &	Daytime Telephone	Number	
STREET/COUR	IER ADDRESS:		MAILING AT	DRESS:		
Registration Secti		Registration Section				
Division of Corpo	orations	Division of Corporations				
Clifton Building			P.O. Box 6327			
2661 Executive C			Tallahassee, Fl	orida 32314		
Tallahassee, Flori	.da 32301					
Enclosed is a cl	neck for the followin	g amoi	unt:			
\$25 Filing Fe	e	<b>✓</b> \$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.

Name of the limited liability company:	Greenwood Carpentry LLC			
2. (a) Principal office address of limited liability compa				
(Note: MUST BE STREET ADDRESS)	Boca Raton FL 33433			
(b) Mailing address of limited liability company:	6655 pond apple rd			
(Note: MAY BE POST OFFICE BOX)	Boca Raton FL 33433			
	<u> </u>			
10/28/2008	L08000101268			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or Registered Agent:	the records of the Florida Dept. of State:			
8				
Registered Office Address:	140 se 3rd street			
	bay F Deerfield Beach FL 33441			
	Deemeid beach FL 3344 I			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6655 pond apple rd			
	Boca Raton ,FL33433			
If 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 idendability company, it is deredy confirmed that the change is of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office			
Signature of a member or authorized representative of a member	S A S			
Clinton Coinal	SELL AND SELL SELL SELL SELL SELL SELL SELL SEL			
Clinton Geisel Printed or typed name of signee				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability companions of Registered Agent	C-u			

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