108000/08806

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)	 		
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PICK-UP	WAIT	MAIL		
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(Document Number)				
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard

llockar2@cscinfo.com

Date: February 21, 2014

Order#: 010222/089

Re: GREEN CLINIC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: GREEN CLINIC,	LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	5811 PELICAN BAY BOULEVARD SUITE 500	
	(Noie: MUST BE STREET ADDRESS)	NAPLES	FL 34108
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	was a state of the	
11/24	4/2008	L08000108806	
3. D	ate of filing/registration in Florida	4. Document number	
5. (a	a) Registered Agent and Registered Office shown on	he records of the Florid	a Dept. of State:
	Registered Agent:	C T CORPORATION SY	/STEM
Registered Office Address:	Registered Office Address:	1200 SOUTH PINE ISLA	AND ROAD
		PLANTATION	学品 円 第25FL 93324
(b	e) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office ad	idess: ≥ M
	NEW Registered Agent:	CORPORATION SERVI	
	NEW Registered Office Address:	1201 HAYS STREET	[F] [[[[[[[[[[
(MUST BE FLORIDA STREET ADDRESS		TALLAHASSEE	,FL_32301
confi and t liabil the m the o	limited liability company is not organized under the larmed that after the change or changes are made, the Fine business office of the registered agent will be ident ity company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwing agreement of the limited liability company.	orida street address of t	he registered office
_			
	a Priebe, Authorized Person d or typed name of signee	_	
I her comp and I Chap addre By:	reby accept the appointment as registered agent and a ply with the provisions of all statules relative to the provisions of all statules relative to the provider 605, F.S. Or, if this document is being filed to me ess. Thereby confirm that the limited liability company		
Signa	Corporation Service Company	Grace E. Kirby, Asst. V	VICE FIESIGEIII

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