L09000033313

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
ALL ABASSES FLOBING

J. BRYAN

DEC - 1 2009

EXAMINER

COVER LETTER

TO:	Registration Division of	n Section Corporations						
SUBJ	ЕСТ:	Green Solutio					<u> </u>	
		Name of	Limite	d Liabilit	ty Comp	pany		
Dear :	Sir or Madan	r:						
The en	nclosed Regi	stered Agent/Registered	Office	Change a	and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this matter to the following:								
		James Myre			_			
		Name of Person						
G	reen Solutio	ons Commercial Lands Firm/Company	caping	LLC	_		09 NOV 30 PM 2: 50 SECRETARY OF STATE FALL AHASSEE, FLORID	
		0400 Condiso Court						
		9409 Candice Court Address					V 30 TARN HASSI	
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		Odeede El 20022					FLS 2	
		Orlando, FL 32832 City/State and Zip Code			_		≥≥ ∵	
							0m 0	
		iimvre@vahoo.com						
jimyre@yahoo.com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	Ja	mes Myre	at (407	_)	375-6895	<u>;</u>	
	Nam	e of Person		Α	rea Code	& Daytime Telephone	Number	
	STREET/C	OURIER ADDRESS:		MAI	ILING A	ADDRESS:		
Registration Section			Registration Section					
Division of Corporations			Division of Corporations					
Clifton Building			P.O. Box 6327					
		tive Center Circle		Talla	ahassee,	Florida 32314		
	Tallahassee, Florida 32301							
Enclosed is a check for the following amount:								
	\$25 Filin	ng Fee		\$55	5 Filing	Fee & Certified C	рору	

INHS18 (5/08)

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: Green Solu	utions Commercial Landscaping LLC			
2. (a) Principal office address of limited liability compan				
(Note: MUST BE STREET ADDRESS)	3044 Harbour Landing Way Casselberry, FL 32707			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	240 Old Sanford Oviedo Road Winter Springs, FL 32708			
11/17/2009	L09000033313			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	James Myre			
Registered Office Address:	9409 Candice Court PER 9 11 PE			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address 2			
NEW Registered Agent:	James Myre ES N			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3044 Harbour Landing Way 77			
	Casselberry ,FL32707			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change 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 atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization			
Signature of a member or authorized representative of a member				
James Myre				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparations of the comparation	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.			
Signature of Registered Agent				
Division of Cornerations, P.O. Rox 6	327. Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)