## 109000043279

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Add	dress)	<u> </u>
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



400253777364

11/19/13--01001--014 \*\*25.00

3 3

Y.

, P\$160

J. Sinhers NOV 1.9 2013

## **COVER LETTER**

TO: Registration Section

Division of Corporations

<sub>SURJECT:</sub> GREENSIDE HOLDINGS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL W. HARTMAN

Name of Person

HARTMAN LAW FIRM, P.A.

Firm/Company

PO BOX 10910

Address

TALLAHASSEE, FL 32302

City/State and Zip Code

DAN@FLLEGALTEAM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN HARTMAN

<sub>at (</sub>850

386-4242

Name of Person

Area Code & Daytime Telephone 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 amount:

■ \$25 Filing Fee

□ \$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. Na	ame of the limited liability company: GREENSIDE HOLDII	NGS, LLC	
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	1Y: 2959 APALACHEE PARKWAY TALLAHASSEE, FL 32301	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2959 APALACHEE PARKWAY TALLAHASSEE, FL 32301	
05/04/20	77 2 10 10 10 10 10 10 10 10 10 10 10 10 10	L09009043279	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown or	the records of the Florid	la Dept. of State:
	Registered Agent:	STINSON, ACEY	
	Registered Office Address:	2959 APALACHEE PARKWAY TALLAHASSEE, FL 32301	
(1.)	Particular Children Children		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	LW Registered Utilice ac	daress:
	NEW Registered Agent:	HARTMAN LAW FIRM, P.A.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		207 W. PARK AVE., SUITE A	
		TALLAHASSEE	,FL 32301
confir and th liabili the m the of	limited liability company is not organized under the med that after the change or changes are made, the lie business office of the registered agent will be ider ty company, it is hereby confirmed that the change embers of the limited liability company or as otherwhere agreement of the limited liability company.  The of a member or authorized representative of a member	Florida street address of to stical. Or, in the case of a s) was/were authorized by	the registered office a Florida limited y an affirmative vote of es of organization or
	W. HARTMAN  or typed name of signee		95
I here compi and I Chapi addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the pam familiar with and accept the obligations of my peer 608, F.S. Or, if this document is being filed to meet the company of	agree to act in this capace roper and complete perfo osition as registred age erely reflect a change in ny has been notified in w	situ I further garee to

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