L09000009963

(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:				

OCT 21 2011



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ZULLOCT 20 AM (A) PO SECRETARY OF STATE TALEAHASSEF STATE

A. LUNT

COVER LETTER

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TO:

TO:	Registration Section Division of Corporations					
SUB.	BJECT: Greenrees, LLC Name of Limited Liability Company					
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered	Office Ch	ange and fee	(s) are submitted	d for filing	
					a tor rimg.	
Pleas	e return all correspondence concernin	ig this mat	ter to the follo	owing:		
. ==.	Joey D. Langford II					
	Name of Person					
	Firm/Company				ALLI SEC	
	• •				<u> </u>	
	1437 SW 298 St.				2011 OCT 20 AM TO SECRETIARY OF STA ALUAHASSEE. FLOT	
	Address		<u></u>		mist b	
					D AN IN IN TYLOF STATE SEE. FLORID	
	Newberry, FL 32669				TATE ORID	
	City/State and Zip Code		 		> •	
E	-mail address: (to be used for future annual report	t notification)	<u> </u>			
For fi	urther information concerning this ma	itter, please	e call:			
	Joey D. Langford	at (352)	472-02	12	
	Name of Person	at (& Daytime Telephon		
	STREET/COURIER ADDRESS:		MAILING A	ADDRESS:		
	Registration Section		Registration			
	Division of Corporations			Corporations		
	Clifton Building		P.O. Box 63			
	2661 Executive Center Circle		Tallahassee,	Florida 32314		
	Tallahassee, Florida 32301					
	Enclosed is a check for the follow	ing amoui	nt:			
	\$25 Filing Fee	Γ	\$55 Filing	Fee & Certified	l 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.	Nai	me of the limited liability company:	Greenrees, LLC			
2.	(a) Principal office address of limited liability company:		: 1437 SW 298th St			
		(Note: MUST BE STREET ADDRESS)	Newberry, FL 32669			
	(b)	Mailing address of limited liability company:	1437 SW 298th St			
		(Note: MAY BE POST OFFICE BOX)	Newberry, FL 32669			
		11-13-2009	L09000109963			
3.	Dat	te of filing/registration in Florida	1. Document number			
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:			
		Registered Agent:	William J. Rees, Jr.			
		Registered Office Address:	17690 NE Highway 121 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>				
		<u>NEW</u> Registered Agent:	Joey D. Langford II			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1437 SW 298th St. Newberry, FL 32669			
			,FL			
	ine i	imited liability company is not organized under the la med that after the change or changes are made, the Flore business office of the registered agent will be identi- y company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization			
Dr.	inted	Joey D. Langford II or typed name of signee				
	here mply d I d japte dres	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the proving familiar with and accept the obligations of my poster 608, F.S. Or, if this document is being filed to mer so, 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, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			

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