## L09000117650

(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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SUFFICIENCY OF FILING

HULLAHASSEE, FLOR

DR 4 13/14



IN SERVICE CUMPANT									
ACCOUNT NO. : I2000000195									
REFERENCE : 173869 7962277									
AUTHORIZATION :									
COST LIMIT : \$ 25.00									
ORDER DATE : June 11, 2014									
ORDER TIME : 9:34 AM									
ORDER NO. : 173869-020									
CUSTOMER NO: 7962277									
CHANGE OF AGENT									
NAME: WINTERGREEN CYPRESS PROPERTIES LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Dawn Frantz EXT# 63845									
EXAMINER:									

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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	me of the limited liability company: Wintergreen Cyp	ress Pro	perties L	LC		
2.	(a)	3109 Grand Ave #286	_ (b)	same			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liab (Note: MAY BE POST OF		
		Coconut Grove, FL 33133	_				
		12/10/2009	_	L09000	117650		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Robert Harris			<del></del>		
		Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Sta	ate:		
		1200 Brickell Avenue, #950					•
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)				
					معله		
		Minne	00404			题	
		Miami , FL	33131			=	
	(b)	Corporation Service Company			= = = = = = = = = = = = = = = = = = =		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:	—	12	E F F F F F F F F F F F F F F F F F F F
				<del></del>	ئىں <sup>ر</sup> ∵ ئىدا		لَيّاً
		1201 Hays Street			ن بر المدر المراكب	AH II:	<u>(</u> )
		NEW Registered Office Address:					
					_ 9	50	
		Tallahassee , FL_	32301		<del></del>		
the ag	e cha ent v	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial	the regis bility co	tered offi mpany, it	ce and the business office is hereby confirmed that	of the r	egistered
		re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l				se prov	ided in
		into or organization the operating agreement of the r			RALDO VARIAL	FIRE	1
4	Signa	ure of a member of authorized representative of a member		~\ <u>\</u>	Printed or typed name of sig		
ı	haral	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	performa I for in C ereby co	ince of m hapter 60 infirm tha	y duties, and I am familian 05, F.S. Or, if this docume at the limited liability com	comply with a ent is be oany ha	with the nd accept sing filed s been
			Ð	mily	Gray + VP		
Si	gnatu	re of Registered Agent Corporation Service Company	BY:	A-55-	+ 4P J		
		Division of Corporations P.O. B	ox 6327	• Tallah	assee, FL 32314		

FILING FEE: \$25.00