

L10000064844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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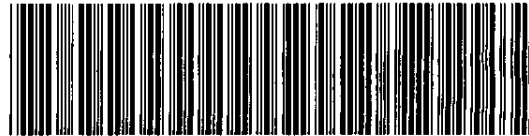
(Business Entity Name)

(Document Number)

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EXAMINER



STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN
MARK G. TURNER
GERALD P. HILL, II, LL.M.
BRIAN J. KNOWLES

JACK STRAUGHN
(1925-2000)

October 26, 2011

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: FIVEGREENES, LLC
Our File No.: 07598/0026

Dear Sir:

Enclosed for filing incident to the above corporation, please find an original and one (1) copy of an executed Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company.

Also enclosed, is my firm's check in the amount of \$25.00, which represents the filing fee. Please forward a stamped copy to me, in the enclosed stamped envelope.

Thank you for your assistance in this matter, Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

MARK G. TURNER

MARK G. TURNER
(stamped in my absence to avoid delay)

MGT/djb
enclosure
cc: Michael Greene

greene_michael@fivegreenes,llc/fladept.ra-chg

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: FIVEGREENES, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

3240 FLIGHTLINE DRIVE
LAKELAND, FL 33811

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

3240 FLIGHTLINE DRIVE
LAKELAND, FL 33811

6/16/2010
3. Date of filing/registration in Florida

L10000064844
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

GERALD P. HILL, II

Registered Office Address:

255 MAGNOLIA AVENUE
WINTER HAVEN, FL 33880

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

RICHARD E. STRAUGHN

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

255 MAGNOLIA AVENUE

WINTER HAVEN, FL 33880

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Michael Greene
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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