

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	·#)
	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD
DEC 19 2012
EXAMINER



200242289992

12/17/12--01007--018 **25.00

12 DEC 17 PH 4: 10
SCUREWARY OF STAFE
ALLAHASSEE, FLORIDA

E F ...

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Green Energy Staffing, LLC				
Name of Li	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Ross E. Payne				
Name of Person				
Caldwell & Payne, P.A.				
Firm/Company				
P.O. Box 120069				
Address				
Clermont, FL 34712				
City/State and Zip Code				
rpayne@greenenergyus.	com			
E-mail address: (to be used for future annual report noti				
For further information concerning this matter	, please call:			
Ross E. Payne	at (407) 897-8164			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	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. Name of the limited liability company: Green Energy Staffing,	rrc	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 12225 Lake Valley Drive	
(Clermont, FL 34711	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Post Office Box 120369	
	Clermont, FL 34712	
12/08/2010	L10000126422	
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:	Caldwell Management Services, LLC	;
Registered Office Address:	2215 Cluster Oak Drive, Suite 3	12
	Clermont, FL 34711	
(b) Enter name of NEW Registered Agent and/or NE	W Pagistared Office add	See I The see I was
	W Registered Office and	Fest F
NEW Registered Agent:		2 -
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12225 Lake Valley Drive	Gri O
	Clermont	,FL_34711
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the ical. Or, in the case of a l	e registered office Florida limited
Paul M. Caldwell Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my po- Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacit oper and complete perfor sition as registered agent rely reflect a change in th y has been notified in writ	'y. I further agree to mance of my duties, ' as provided for in ie registered office ting of this change.

Signature of Registered Agent