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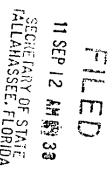
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D. BRUCE
SEP 13 2011
EXAMINER

COVER LETTER

Registration Section **Division of Corporations** Green Lily, LLC SUBJECT: 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: Veronica Reina Name of Person Firm/Company 10030 SW 213 Street Address Cutler Bay, FL, 33189 City/State and Zip Code veronica@gogreenlily.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Veronica Rei / Q 385-5090 786 Name of Person Area Code & Daytime Telephone Number **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: **√** \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

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 Lily, LLC	
2. (a) Principal office address of limited liability company	y: Veronica Reina	
(Note: MUST BE STREET ADDRESS)	10030 SW 213 Street Cutler Bay, FL 33189	
(b) Mailing address of limited liability company:	10030 SW 213 Street	
(Note: MAY BE POST OFFICE BOX)	Cutler Bay, FL 33189	
	111000053098	
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:	Veronica Reina	
Registered Office Address:	850 N. MIAMI AVENUE	
	MIAMIE, FL 33136	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address		
NEW Registered Agent:	—————————————————————————————————————	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10030 SW 213 Street	
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		
Veronica Reina		
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 company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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