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(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

A. LUNT

JUN 20 2010

EXAMINER

Office Use Only



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06/17/11--01002--004 **25.00

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	Supreme	e Greer	ı Lav	vn Services LLC	
				ity Company	
Dear Sir or Madam	1:				
The enclosed Regi	stered Agent/Registered	Office C	hange	and fee(s) are subm	nitted for filing.
Please return all co	prrespondence concerning	g this ma	tter to	the following:	
	Terrance Thomas				
	Name of Person				
Suprem	e Green Lawn Service	s LLC			
	Firm/Company				≓ №
47046	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	404			III JUN 17 PH & 51 SECRETARY OF STATE ALLAHASSEE, FLORID
17349 NW 7TH AVE APT# 104					
	Address				AS =
					YRY
	Miami El 22460				Y OF STATE SEE, FLORID
	Miami, FI 33169				S S
	City/State and Zip Code				S.₹. 👺
					<u> </u>
terran	ce i thomas@vahoo.	com			>
E-mail address: (to	ce j thomas@yahoo. be used for future annual report	notification)		
For further informa	ation concerning this ma	tter, pleas	se call	:	
Terra	nce Thomas	at (786	_)234	I-5786
Nam	e of Person			Area Code & Daytime Te	lephone Number
STREET/C	OURIER ADDRESS:		MA	AILING ADDRESS:	
Registration				gistration Section	
	Corporations			ision of Corporations	
Clifton Build). Box 6327	
	ive Center Circle			lahassee, Florida 323	14
	Florida 32301			,	
	s a check for the follow	ing amou	ınt:		
\$25 Filir	ng Fee	I	\\$ 5	55 Filing Fee & Cert	tified 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.

Name of the limited liability company:	Supreme Green Lawn Services LLC
2. (a) Principal office address of limited liability co	ompany: 17349 N.W. 7TH AVE APT# 104
(Note: MUST BE STREET ADDRESS)	MIAMI, FL. 33169
(b) Mailing address of limited liability company	17349 N.W. 7TH AVE APT# 104
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL. 33169
05/12/2011	90-0721292
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Terrance Thomas
Registered Office Address:	840 N.W 129th st Miami, FL. 33168
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	/or NEW Registered Office address Terrance Thomas 17349 N.W. 7th AVE APT# 104
(MUST BE FLORIDA STREET ADDRES	(S)
If the limited liability company is not organized unconfirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited range(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Terrance Thomas Printed or typed name of signee	
* ·	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did not be reflect a change in the registered office company has been notified in writing of this change.

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