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(F	Requestor's Name)		
(A	Address)		
(F	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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AUG 23 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Great Technologies Holding LLC 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:
Name of Person Address Cape Good F. 33914 City/State and Zip Code E-frail address: (16 be used for future annual report notification) For further information concerning this matter, please call: Are Rode & Daving Telephone Number Name of Person Area Code & Daving Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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.

280m) or oom, in the state of 2 to 1,000.	
1. Name of the limited liability company: Green Te	clusologies Holding LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 2674 SW 4 Jh Ave Cape Coral, # 339/4
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2624 SW 4 W AVP Cape Cora 1, FL 33914
8/31/2011	611000/00050
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Une Rusch
Registered Office Address:	2624 SW 4 HA SVP CORP CORP, FR 33914
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	ane cosa
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7674 SW 4 M AGE TO
Meet BE I Editable of REET TEDRESS	HO W
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company. It is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Signature of a member or authorized representative of a member We have a member of a memb	
Printed or types name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my Chapter 608 F.S. Or, if this document is being filed to address, I hereby confirm that the limited Itability compositions of Registered Agent. Signature of Registered Agent.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Miximum of Cornerations PO Box	6327 Tallahassee FT. 32314

FILING FEE: \$25.00