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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	Clean, LLC 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:	
Jenna Bechtold Name of Person	· · · · · · · · · · · · · · · · · · ·	
Natural Green Clean, L Firm/Company	LC	
1056 South County Rd 41	9	
Chuluota FL 327 L City/State and Zip Code	06	
Natural green clean //c @ y E-mail address: (to be used for future annual report	Iahoo. Com notification)	
For further information concerning this matter, please call:		
Jenna Bechtold Name of Person	at (407) 376-0048  Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations Clifton Building	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. liability company submits the following statement in orangent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company: Natural	Green Clean, LLC
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 10510 South CountyRd 419 Chulusta FL 32760
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 623031 Oviedo FL 32762
March 9, 2012 3. Date of filing/registration in Florida	L12000033954  4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Jenna Bechtold
Registered Office Address:	Chuluota FL 32762
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	LW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2688 Shiprock ct De Hona FL 32738
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I are the confirmation that the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or

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

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