## #1/2000/35296

(Red	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900250215869

00/02/13--01009 -011 \*\*25.00

FILED 13 AUS -2 PM 12: 27 Seone fart of State at anassef florida

> K.SALY EXAMINER AUG - 9 2013

## COVER LETTER

TO;	Registration Section Division of Corporations	
SUBJ	ECT: <u>GreenGen Solution</u>	S
	Name of	Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
		,
(	Robert Blitstein	<u> </u>
	Name of Person	
C	<b>&lt;</b>	
	eengen Solutions Firm/Company	
	· · · · · · · · · · · · · · · · · · ·	
ام ا		
	Address	
1.10	11/2-12- Fl 3241/1	
WE	City/State and Zip Code	
Gre	en Gen Solutions @ Ya hoo. Co	<u>)</u>
E-	-mail address: (to be used for future annual report	notification)
For fu	rther information concerning this mat	ter, please call:
R	obert Blitatein	at (561) 245-1330
	Name of Person	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 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the following	ng amount:
	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Conv.

## 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 Gen Solutions
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDR)	ESS) falm City, FL 34990
(b) Mailing address of limited liability co	
10/24/12	L12000135294 AG 3
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Off	ice shown on the records of the Florida Dept. of State:
Registered Agent:	Mirit Blitstein
Registered Office Address:	1360 Beacon Clicke Wellington, F! 334/4
(b) Enter name of <b>NEW Registered Age</b>	nt and/or NEW Registered Office address:
<b>NEW</b> Registered Agent:	Robert Blitstein
NEW Registered Office Address: (MUST BE FLORIDA STREET AD	DRESS) Wellington
	,FL_ <i>3</i> 3 <i>414</i>
confirmed that after the change or changes at	red under the laws of the State of Florida, it is hereby the made, the Florida street address of the registered office the twill be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of the or as otherwise provided in the articles of organization or the ty company.
Robert Blitsten	
Printed or typed name of signee	

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