## 13000106692

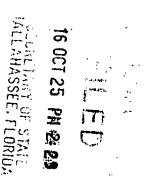
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: GREEN ROA	ADS OI	F FLORIDA	\ INC		
2. (a)	· · ·	_ <del></del>	(b)			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	N	Mailing address of limi (Note: MAY BE PC	•	
	521 N W 162ND AVENUE		521 N W	/ 162ND AVEN		<u>,c bo</u> x)
	PEMBROKE PINES, FLORIDA 33028		PEMBRO	OKE PINES, FL	LORIDA	33028
	07/29/13		L1300010	)6692		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	LAURA M FUENTES					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	- ð:		
	Registered Office Address (MUST BE FLORIDA STREET) 521 N W 162ND AVENUE	ADDRES	S <u>S)</u>	-		
	PEMBROKE PINES	, 33028	3	•		
(b)	JEANNIE MURPHY  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:	-	16 OCT 25 PM 2 29 SELVE ARY OF STAIR FALLAHASSEE, FLORIDA	Pro-
	NEW Registered Office Address:			- -		
	5795 OANGE DRIVE			- -		***************************************
	DAVIE , F	L33314	4	_	<b>&gt;</b> .'	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members icles of organization or the operating agreement of the operating agreement of the operation of all statutes relative to the proper and complete the operation of	of the regulability of the lie e limited	gistered office company, it is mited liability I liability com AURA M FU	e and the business s hereby confirmed y company or as of an analy.  JENTES  Printed or typed name active. I further as	office of that the otherwise	the registered change(s) provided in
notified	ions of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as providely reflect a change in the registered office address, in writing of this change.	ed for in I hereby	: Chapter 605 confirm that	), F.S. Or, if this a the limited liabilit	document ty compar	is being filed ly has been
Signatu	re of Registered Agent					

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

INHS18 (2/14)