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To:	P. C
Division of Corporat Fax Number : (85	ions 0)617-6383
Account Number : I20 Phone : (30	ISTERED AGENTS INC.
**Enter the email address for this annual report mailings. Ente	business entity to be used for future r only one email address please.**
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## LLC REGISTERED AGENT CHANGE GREENBOARD ENTERPRISE LLC

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K. SALY

## 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.

Florid	(1.		_	
L N	ame of the limited liability company: Greent	oard E	nterpri	se LLC
2. (a)	1771 WAVECREST STREET	(b) 8501 Astronaut Blvd		
≟. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del> </del>	/	failing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	MERRITT ISLAND, FL 32952		Suite 5	-174
			Cape Ca	naveral, FL 32920
	04/21/14	064589		
3.	Date of filing/registration in Florida	4.		Document number
<i>,</i>	UNITED STATES CORPORATION AGE	NTS, INC.		
5. (a	Registered Agent and Registered Office shown on the record		Dept of State	::
	13302 WINDING OAK COURT			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2	
	٨			9
	Tampa	FL 33612	2	2
(b)	Registered Agents Inc.			FILED  19 JUN 13 PH 10: 05  PALLAHASSEE FLORIU  TALLAHASSEE FLORIU
(**)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office ad	dress.	
	7901 4th St N			OS PRIDA
	NEW Registered Office Address			
	STE 300	<u> </u>		-
	St. Petersburg	<sub>FL</sub> 33702	2	_
the chagent was/vethe are Sign I her provide the me	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membricles of organization or the operating agreement of the street of a member of authorized representative of a member serby accept the appointment as registered agent and street of all statutes relative to the proper and complications of my position as registered agent as properly reflect a change in the registered office addressed in criting of this change.	ed liability coers of the limited	ompany, it i nited liabilit liability cor ey Park	Printed or typed name of signee

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

Bill Havre

- Assistant Secretary

Signature of Registered Agent