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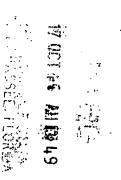
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## **COVER LETTER**

Division of Corporations					
SUBJECT: Greenpro Landscape LLC.  Name of Limited Liability Company					
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:					
Dennis Colletti  Name of Person  From Management  Firm/Company					
5540 SN64 E Address					
Braden for Pl 34208  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Caren McC/e/Ian at (941) 321-7243   Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 \$25 Filing Fee & Certified Copy					

INHS18 (2/14)

## 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	ame of the limited liability company: Gree	019 n	Landscape	لدد
2. (a)		<b>.</b> _ (b)	•	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-).	Mailing address of limited (Note: MAY BE POS)	
	2813 62 nd Aue E	_	4654 SRG	04E #50
	Bradenton, PL. 34203		Braden fon	, PL 3420
	7/17/14		L14000113	210
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Ton Management Ser Registered Agent and Registered Office shown on the records of the			
	5325 SR 64 E  Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
			다. 전 1년 - 1년 1년 - 1년	
	Bradenton .FL	342	08	
(b)	Icon Management So	2000	es Inc	Programme (Control of the Control of
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	
	5540 SR 64 E		5	<del>-</del> D
	NEW Registered Office Address:		<del> </del>	
			41 4	
	Braden ton .FL	342	08	
the cha agent was/w the art	imited liability company is not organized under the lawange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com Tthe limit	ered office and the business of apany, it is hereby confirmed t ed liability company or as other	fice of the registered hat the change(s)
	sture of a member or authorized representative of a member		Printed or typed name of	cclellan
	$\nu$		•	_
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in performan for in Ch ereby con	n this capacity. I further agre- uce of my duties, and I am fam apter 605, F.S. Or, if this doc firm that the limited liability o	e to comply with the iliar with and accept cument is being filed company has been
Signar	are m. McCllla ire of Registered Agent			
Dignall	ne or registered Agent			

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