L15000185450

(Requestor's Name)						
(Address)						
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(Cil	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL.				
(Bu	isiness Entity Nar	ne)				
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Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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K. SALY JAN 17 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2016

GARY LEE GREEN LLC GARY GREEN 450 N FEDERAL HWY, UNIT 1405 BOYNTON BEACH, FL 33435

SUBJECT: GARY LEE GREEN LLC

returned for the following correction(s):

Ref. Number: L15000185450

2017 JAN -9 AN II: SECRETARY OF SUSTALLAHASSEE, FLOR

We have received your document for GARY LEE GREEN LLC and your check(s) 5 totaling \$25.00. However, the enclosed document has not been filed and is being

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00026598

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	Gary Lee Green LLC	
		ne of Limited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Gary	Green	
	Name of Person	
Gary	Lee Green LLC	
	Firm/Company	
450 N	N Federal Hwy, Unit 1405	
	Address	
Boyn	ton Beach, FL 33435	
	City/State and Zip Code	
ggree	en.et@gmail.com	
Ē	E-mail address: (to be used for future ann	nual report notification)
For fu	rther information concerning this matter,	please call:
Gary	Green	561 777-6564
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301 Enclosed is a check for the following	smount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy
Differ		a 355 i ming i ce ac ceimica copy
117D211	8 (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	me of the limited liability company: Gary Lee Gree	en LL	.C		
2.	(a)	450 N Federal Hwy		(b) ⁵	same	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-) -		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Unit 1405	_	5	same	
		Boynton Beach, FL 33435	-	_		
		11/2/15		Ľ	150001	85450
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	Legalinc Corporate Services Inc				
	` '	Registered Agent and Registered Office shown on the records of the 5237 Summerlin Commons	he Flori	da D	ept. of Sta	tte:
Registered Office Address (MUST BE FLORIDA STREET)				DDRESS)		201 IAS
		Suite 400				ZOIT JAN TALLAHI
		Ft Myers , FL	3390	7		HASS
	(b)	Gary L Green				m ^{-<} □□
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>				ddre	: <u>58</u> :	PH 5: 2Z OF SIATE E. FLORID
		450 N Federal Hwy				
		NEW Registered Office Address:				_
		Unit 1405				_
		Boynton Beach , FL	3343	5		_
the age	cha ent v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the li imited	giste com mite I lial	red offic pany, it ed liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
5	igna	nure of a member or authorized representative of a member				Printed or typed name of signee
pre the to no	ovisi obl mer tific	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in my it in writing of this change.	pertori	man	ce of my	duties, and I am familiar with and accept
		$\overline{}$				