## R112000001188

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to Filing Officer:					
		İ			
	<del></del>				

Office Use Only



300308404713

01/29/18--01034--021 +\*25.00

18 JAN 29 FH 2: 14

S. WARREN JAN 3 0 2018

	•	COVE	CLETTER ·				
	egistration Section vision of Corporations						
SUBJECT	GREENGAR LLC		ı				
	Name of Limited Liability Company						
Dear Sir or	r Madam:						
The enclos	sed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.				
Please retu	irn all correspondence concerning th	nis matter to t	he following:				
SUSAN	ROBINSON						
	Name of Person						
THE GR	EENWALD GROUP						
	Firm/Company						
7301 SW	V 57TH COURT - SUITE 565						
	Address						
SOUTH	MIAMI, FLORIDA 33143						
	City/State and Zip Code		<del></del>				
SUSAN@	@GREENWALDGROUP.COM	Л					
E-ma	il address: (to be used for future an	nual report no	otification)				
For further	information concerning this matter	, please call:					
SUSAN I	ROBINSON	305	667-4856				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di Cli 26	PREET/COURIER ADDRESS: Egistration Section vision of Corporations ifton Building 61 Executive Center Circle Illahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
En	iclosed is a check for the following	g amount:					
Ø	\$25 Filing Fee	۵	\$55 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.

rumaa	CREENCARI	LLC		
	me of the limited liability company: STEENGAR 1	7301 SW 57TH COURT		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	")	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SUITE 565		SUITE 5	565
	SOUTH MIAMI, FLORIDA 33143	_	SOUTH	MIAMI, FLORIDA 33143
	JANUARY 11, 2016		L160000	04488
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	M.J.F. REGISTERED AGENT CORP			
. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	e:
	156 SEVILLA AVENUE			
	Registered Office Address	DDRESS	7	<del>-</del>
				<b></b>
	CORAL GABLES	33134		
(b)	ALLEN R. GREENWALD			29 PM
	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	7. <b>3.</b> 0.
	7301 SW 57TH COURT			
	NEW Registered Office Address:			
	SUITE 565			_
	SOUTH MIAMI FL	33143	_	_
the cha agent v was/we	imited liability company is not organized under the law inge 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 h	the regise bility confither the limited limite	stered office ompany, it i iited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signal	ure of a member of authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	s accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a charge in the registered office address, I h I in writing of this change.	ee to act perform I for in C ereby co	in this cap ance of my Thapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

NHS18 (2/14)