

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
GREENS FIRST FEMALE LLC

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FEB 03 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREENS FIRST FEMALE LLC  
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:

Jemima Abreu

Name of Person

Vcorp Services

Firm/Company

25 Robert Pitt Drive, Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

jabreu@vcorpservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jemima Abreu

Name of Person

at ( 845 )

425-0077

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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. Name of the limited liability company: GREENS FIRST FEMALE LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>1289 CLINT MOORE RD</u> <u>BOCA RATON, FL 33487</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>1289 CLINT MOORE RD</u> <u>BOCA RATON, FL 33487</u>
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3. <u>03/16/2016</u> Date of filing/registration in Florida	4. <u>1.16000054032</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BENSON, RYAN M, CEO  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1289 CLINT MOORE RD  
BOCA RATON, FL 33487

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Vcomp Services, LLC  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Minton, Darren  
Signature of a member or authorized representative of a member

/s/ Minton, Darren  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent