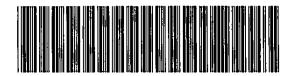
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SECRETARY OF STATE

D. SCOTT NOV 1 6 2016

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GREEN PEONIES Name of Limit	ted 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	o the following:			
ANASTASIIA KURYLIUK Name of Person				
GREEN PEONIES LL Firm/Company	<u>C</u>			
1311 SE 3Rd AJE Address		1		
FORT LAUDERDALE / FLORId City/State and Zip Code	A, 33316	SECRETAL SALLAHAS		
ANA KURYLIUK @ GMAIL. COM		OV 14 AN STARY OF S		
ANA LYRYLIUL (O) GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
	10 8801974	· ,		
Name of Person	Area Code & Daytime Telephon	e Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee Florida 32301	Tallahassee, Florida 32314			

☐ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605:01.14 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

rioriaa	_	\bigcirc	110	
i. Na	me of the limited liability company:GIZEEN	PEON I	ES LLC	· · · · · · · · · · · · · · · · · · ·
2. (a)	515 NE G3Rd STREET		NE 63 Rd	
	Principal office address of limited liability company:	N	Mailing address of limited l (Note: MAY BE POST)	
	*(Note: MUST BE STREET ADDRESS)	١	(INDIE: MAY BE PUST	UFFICE BUX
	Apt. 1 MiAmi/Florida	Apt	1, MAM	1-602100
	33138	33	138	
	April 4, 2016	L 10	5000065	213
3.	Date of filing/registration in Florida 4.		Document number	
5. (a)	ANASTASIIA Kyryliuk			•
	Registered Agent and Registered Office shown on the records of the Florid	a Dept, of State	- 3 ;	
	515 NE GREAT STROOT ANT	. 1		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	<u> </u>	-	
	111.	- 1 - 0	-	
	Miani, FL 32	3138	- D'	2.6
			اهتا	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office at	ldvaru.	-	FILED
	Energance of ME W Registered Agent and/of MEW Registered Office at	iurcon.	S	意 三 后
	1311 SE 3rd AVENUE		<u> </u>	OF STATE
	NEW Registered Office Address:		- - - - - -	=======================================
	FORE LAUDERDALE		Ş	養料 5
	7000			
		5316	_	
If the li	mited liability company is not organized under the laws of the	State of Flo	orida, it is hereby con	firmed that after
the chai	nge-or-changes are made, the Florida street address of the regi	istered office	and the business offi	ice of the registered
was/we	vill be identical. Or, in the case of a Florida limited liability or authorized by an affirmative vote of the members of the lin	nited liabilit	y company or as other	
the artis	cles of organization or the operating agreement of the limited	-		١. ١
	Thy a	atzan1	ISITA KURY	Liul
	ure of a member or authorized representative of a member		Printed or typed name of	
l heret proviși	y accept the appointment as registered agent and agree to ac ons of all statutes relative to the proper and complete perform	t in this cap cance of my	acity. I further agree duties, and I am famil	to comply with the iar with and accept
tne obli to mere	ons of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for in ity reflect a change in the registered office address, I hereby c	Chapter 605 confirm that); F.S. Ur, if this docu the limited liability co	ment is being filed Impany has been
notified	in writing of this change.	-	,	
Signatur	e of Register Agent			

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