Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000369599 3)))



H190003695993ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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 GREEN ROADS WELLNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

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.

2. (a)	601 Fairway Drive				
		((b) 601 Fairway Drive		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Deerfield Beach, FL 33441	_	Doerfield (Beach, FL 3344)	
	10/20/2016		L160001942	302	
3.	Date of filing/registration in Florida	٩.		Document number	
5. (a)	MURPHY, JEANNIE				
	Registered Agent and Registered Office shown on the records of to 5795 ORANGE DRIVE	he Florid	a Dept, of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES:	<u></u>	-	
	DAVIE , FL	33314		- - - 연기 - 4년	
(b)	Corporate Creations Network Inc.			. 030	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress'	15 60 15 15 15 15 15 15 15 15 15 15 15 15 15	
	801 US Highway 1			A A	
	NEW Registered Office Address:			AH 10: 55	
	North Palm Beach , FL	33408		-	
change agent : was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the 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	registere bility co f the lim imited l	ed office and impany, it is lited liability iability com	I the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in apany.	
Signs	ture of a member or authorized representative of a member	Lau	ren Underwo	od. Attorney-in-Fact Printed or typed name of signee	
I here provisi the obt	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete t 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.	e to act performa for in (ereby co	in this capa ance of my a Chapter 605, onfirm that t	• • • • • • • • • • • • • • • • • • • •	