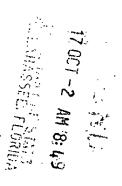
LICOCHAGAGA

(Requestor's Name)				
,				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

Division of Corporations				
GREEN TAG LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fo	ee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the fo	ollowing:		
NATHAN AYYAR				
Name of Person		-		
GREEN TAG LLC				
Firm/Company		-		
9960 NW 89TH CT				
Address		-		
MEDLEY, FLORIDA 33176				
City/State and Zip Code		-		
NATE@GREENTAGIT.COM				
E-mail address: (to be used for future annu	al report notific	ation)		
For further information concerning this matter, p	olease call:			
NATHAN AYYAR	305 _ at (8079270		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following a	amount:			
☑ \$25 Filing Fee	□ \$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.

I. N	lame of the limited liability company: GREEN TAG	LLC	
2. (a)	GREEN TAG LLC	(b)	
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9960 NW 89TH CT		
	MEDLEY, FL 33178	_	
	10/25/2016	L1	6000196964
3.	Date of filing/registration in Florida	4.	Document number
5. (a	JOHN SOSA		
(Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	45 ALMERIA AVE		
	CORAL GABLES , FI	33134	
(1-)	ANDREW HUERTAS		130
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	<u>ss:</u>
			77-2 AH 8: 49
	NEW Registered Office Address:		
	9960 NW 89TH CT		<u> </u>
	MEDLEY , FI	33178	
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the register iability composition of the limited liab	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to men notific	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I get in writing of this change.	ree to act in e performanc ed for in Cha hereby conf	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signat	We of Registered Agent		