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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

Green MD Now 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:

Sajid Khan

Name of Person

Green MD now LLC

Firm/Company

11211 S military trail, 2721

Address

Boynton beach, FL, 33436

City/State and Zip Code

sajidkhan@hotmail.ca E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

sajid khan

at (_248

) ______9878117

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Name of Person

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

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

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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.	Na	me of the limited liability company:	Green MD N	ow LLC
2. ((a)	222 COMMERCIAL BLVD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	P O BOX 451959 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		202 LAUDERDALE BY THE SEA, FL 33308		SUNRISE, FL 33345
		02/21/2017	<u> </u>	L17000040900
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	sajid khan		
		Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
		10733 CLEARY BLVD,		
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
(b)				742 18
				SE F
		PLANTATION, FL 33324 , FL		P 2
	Ъ)	Kelly Bonilla		
·		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	B SEP 28 AH I: 17
		NEW Registered Office Address:		
		2435 US Highway 19 Suite 510		
		Holiday, FL	34691	
the agei was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or in the case of a Florida limited lia re authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the registered ability compa- of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		Nor Alt		SAJID KHAN
I he pro the to n noti	erel visi obli nere ifiec	ure of a member of full prized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, The lin writing of this change.	ee to act in th performance d for in Chap hereby confiri	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605. F.S. Or, if this document is being filed in that the limited liability company has been
ាព		re of Registered Agent		

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