L17000063785

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				
- 1210 I				

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10/15/21--01012--006 **25.00

FILED 2021 DEC 10 PM 9: 37 SECRETARY OF STAT



2021 DEC 10 NH 8: 20

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2021

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MIHEE SEVELIN 1444 S BELCHER ROAD SUITE 104 CLEARWATER, FL 33764 US

SUBJECT: GREEN STOCK PRO, LLC Ref. Number: L17000063785

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 821A00026137

TO: Registration Section Division of Corporations

SUBJECT: Green Stock Pro_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:

Mihee Sevelin

Name of Person

Green Stock Pro LLC

Firm/Company

1444 S Belcher Road Ste 104

Address

Clearwater, FL 33764

City/State and Zip Code

miheesevelin@gmail.com

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

For further information concerning this matter, please call:

Mihee Sevelin

at (727) 244 -9545

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:

🞾 S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INH\$18 (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.

L. N.	ame of the limited liability company: Green S	tock Pro LLC	0	
2. (a)		(b)		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Nate: MAY BE POST OFFICE BOX</u>)	
	1444 S belcher road ste 104	1444	S belcher road ste 104	
	Clearwater, FL 33764	Clearwater FL 33764		
	3/20/2017	L17000063785		
3.	Date of filing/registration in Florida	-4.	Document number	
5. (a)	Mihee Sevelin			
5. (4)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	laie:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	1447 Stewart Blvd			
		22764		
	Clearwater1	_{FL} 33764		
(b)	Registered Agents Inc.		2021 DEC 10 SECRE TARY FALLAHASSE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300		37	
	St. Petersburg	_{FL} 33702		
the cha agent v was/w the art Signa	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the member of a member or authorized representative of a member by accept the appointment as registered agent and a	of the registered off liability company, i s of the limited liabi he limited liability c mine to act in this co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Mine Seven Printed or typed name of signee apacity. I further agree to comply with the	
provis the ob- to mer	ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address.	Te performance of m ded for in Chapter 6 Thereby confirm th	y duties, and I am familiar with and accept 05, F.S. Or. if this document is being filed at the limited liability company has been	

notified in writing of this change. Bill Havre

e - Assistant Secretary

Signature of Registered Agent

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