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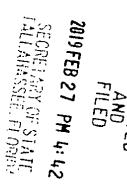
(Requestor's Name)
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1.03/19

COVER LETTER . .

TO: Registration Section Division of Corporations					
SUBJECT: Our Green 7 Name of Limit	d 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:				
Carole A. Meikle Name of Person					
Our Green Thu Firm/Company	en b				
114 Vista AUC.					
Eustis FL 327 City/State and Zip Code	726 726				
Carole 101@ comcast, ne E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please cal	I:				
Larole Meikla at (3)	52) 446 -4998				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compa-submits the following statement in order to change its registered office or registered agent, or both, in the State

1. Na	me of the limited liability company: $\frac{\mathcal{U} \text{vr}}{\mathcal{G}}$	run	The	mb		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limit (Note: MAY BE PO!	•	
	Eusts, FL 32726	- -				
	7/16/2018		6	18000170	858	
3. 5. (a)	Date of filing/registration in Florida Poler Merkle Registered Agent and Registered Office shown on the records of the shown on	4.	Dent of Stat	Document number		
	Registered Office Address (MUST BE FLORIDA STREET)		- ·	- 2 1 1 1 1	2019 FEB :	PL P
	F. 15/KS	32	726	- 5 5	27 -	AND
(h)	Carok A Meikle Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	-	PM 4:42	/EU
	NEW Registered Office Address:			-	:-	
	Ests .FL	32	726	_		
the cha agent w was/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- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability con I the limit	ered offic ipany, it i ed liabilit	e and the business of is hereby confirmed by company or as oth	ffice of the that the cha	registered inge(s)
D Signal	ure of a member or approved representative of a member	Put	J.R.A.	Printed or typed name	of signor	2
	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. It				=	

Signature of Registered Agent