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COVER LETTER

Division of Corporations					
SUBJECT: SPACE COAST GREEN 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:					
TERESA MOORF Name of Person					
Name of Person					
SPACE COAST GREEK LLC Firm/Company					
5673 PILE AVE Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TERE Moore at (505) 908-4804 Name of Person Area Code & Daytime Telephone Number					

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 of Floria

1.	Na	ame of the limited liability company:SPACE_C	OAS	STERENL	LLC
2.	(a)	5673 PILLE AVE Principal office address of limited liability company:	(b)_		limited liability company:
		(Note: MUST BE STREET ADDRESS)		·	POST OFFICE BOXO
		FIEMMG-15LAMD, FIL	_	FLEMING	(SLANH), FL
		32003	_		32003
		12/23/19		L200000	×3464
3.		Date of filing/registration in Florida 4		Document num	ber
5.	(a)	UNITED STATES CORPORATION Registered Agent and Registered Office shown on the records of the FI 5575 S. SEMORAN BLV	orida D		
		Registered Office Address (MUST BE FLORIDA STREET ADDI	<u>(ESS)</u>		
		ORLAMBO, FL ,FL3:	282	22	F 11
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e addr	ess:	27
		5673 PINE AVE NEW Registered Office Address:	-		PH 5: 01
		FLEMING ESLAND., FL. 32	2.00		••

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Xignature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.