## L23 m 20 551

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

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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: GREEN BLADE PROPE	RTIES LLC					
		Liability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.				
Please return all correspondence concerning	g this matter to the	e following:				
Victoria Padron						
Name of Person						
ZenBusiness Inc.						
Firm/Company	····					
336 E. College Ave. Suite 301						
Address						
Tallahassee, FL 32301						
City/State and Zip Coo	de					
ra@zenbusiness.com						
E-mail address: (to be used for future	annual report noti	fication)				
For further information concerning this ma	tter, please call:					
Victoria Padron	844 at (	493-6249 )				
Name of Person		Area Code & Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section						
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the follow	ing amount:					
□ \$25 Filing Fee	<b>-</b> 5	☐ \$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.

1. N	ne of the limited liability company: GREEN BLADE PROPERTIES LLC								
2 (a)	9341 AMERICAN HICKORY LAN	Ε	(b) 9341 AMERICAN HICKORY LANE						
( <del>-</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)								
	RIVERVIEW, FL 33578			RIVEF	RVIEW,	FL 33	578	·	
	04/27/2023		ļ	L <b>2300</b> 0	207851	}			
3.	Date of filing/registration in Florida	4.	_	Γ	Document nu	mber		-	
5. (a)	PRESENDIEU, JEAN C								
- (-)	Registered Agent and Registered Office shown on the records	of the Fig	rida '	Dept. of State:					
	9341 AMERICAN HICKORY	LAN	Ε						
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)						
							[~)		
	RIVERVIEW	<sub>FL</sub> 33	57	8			2023 MA	-	
(b)	ZenBusiness Inc.						1Y 26	مبر سیر م	
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office	e add	ress:		:	_	TT;	
	336 E. College Ave. Suite 301					- · · · · · · · - · · · · · · · · · · ·	A.	C)	
	NEW Registered Office Address:					T E	£		
	Tallahassee	FL 3230	1						
change ag <del>e</del> nt v was/wa	imited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the street lean Presendicu	he regist liability s of the l he limite	tered con limit d lia	l office and in pany, it is be ted liability (	the business hereby confir company or s any.	office of the of the control of the	he regi he cha	stered   nge(s)	
Signa	Signature of a member or authorized representative of a member				Printed or typed	name of sig	Dec	<del></del> ·····	
provisi the obl to merc notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ingations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change	gree to de le perfor led for i I hereby	act ii rmar n Ch r con	n this canac	in I firthm	r amraa to .	compl	with the nd accept eing filed is been	

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