<u>98000001830</u>

(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:	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE UIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Green Diamo (Name of Limite)	ndback, LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	5.
Please return all correspondence concerning this r	natter to the following:	
Cindy L. Freder (Name of Person) Green Diamondba (Firm/Company)		OTO
(Firm/Company)		CT 23
2360 NW 225 (Address) 2.00 Air 19	Auemorana	OT OCT 23 PH 2: 50
Dunnellon, FL 3 (City/State and Zip Code)	3443/	2: 50
For further information concerning this matter, planting the concerning the concerning this matter, planting the concerning the conce		e Number)
STREET/COURIER ADDRESS: 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 am	iount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 608.308, Florida Statutes, the underst liability company submits the following statement in order to change its registered office agent, or both, in the State of Florida.	gned or reg	limited gistered
1. The name of the limited liability company is: Green Diamond bac	ik,	LLC
	رک	
2. The mailing address of the limited liability company is: 2360 NW 225	770	<u>c</u>
Dunnellon, FL 34431		,
9/14/1998	183	30
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State:	of th	e
Frederick, CindyL- Name		
47405.US Hwy 41		
Dunnellan Fl 34437	07	OIV.
Dunnellon Fl 34432 City, State and Zip	07 OCT 23	SECR ISIO
6. The name and address of the new registered agent and/or office:	2	ETA
Frederick, Cindy L.	3 PH	RYO
Name		F ST
<u>2360 NW 225 Ave.</u> Florida street address (P.O. Box NOT acceptable)	2: 50	ATIO
• ,	0	SK
Dunnellon FL 3443/		
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company.	red of imited native	fice I vote
(Signature of a grember or authorized representative of a member)		
Cindy L. Frederick		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I furt camply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the object of my position as registered agent as proving the complete of the com	her an f my å ided f ered o us chå	rree to luties, or in ffice inge.
(Signature of Registered Agent)		

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