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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: Green Apple Enterprise (Name of	es, LLC 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	g this matter to the following:	
MELANIE DOYAL		
(Name of Person)		
CORPORATE DIRECT, INC.	<u> </u>	
(Firm/Company)		
2248 MERIDIAN BLVD. STE H		
(Address)		
MINDEN, NV 89423		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
MELANIE DOYAL	at (775) 782-1307	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

2000, 01 0000, 111 110 210				
1. The name of the limit	ted liability company	is: Green Apple Enterprises, LLC		
2. The mailing address	of the limited liability	company is : 2248 Meridian Blv	d., Ste. H	
Minden, NV 894				
08/22/2006 M0600004666				
3. Date of filing/registra	ntion in Florida	4. Document num	4. Document number	
5. The name of the regis Florida Department of	f State:	egistered office address as shown o	n the records	of the
	236 EAST 6TH	Name AVFNUF		
	TALLAHASSEE	Address	- 2 - 2	
6. The name and address		•	2007 JUL SECRET	
	GERRI DETWE	EILER	SS = 6	
	1037 GREYSTO	Name ONE LANE	PM 12: Y OF STA EE, FLOR	64. may. a 1.00
	Florida street addı	ress (P.O. Box NOT acceptable)	12: 59 STATE LORID,	
	SARASOTA	FL 34232	DA □	
	City	y, State and Zip		
confirmed that after the and the business office of liability company, it is h of the members of the li- or the operating agreement	change or changes are of the registered agent ereby confirmed that mited liability compa ent of the limited liab	ed under the laws of the State of Field and the Florida street address of twill be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the ility company.	of the register of a Florida li I by an affirm	ed office mited ative vote
(Signature of a member or author	winkas)	ember)		
Trong Publi	Kziukas			
I hereby accept the app comply with the provision and I am familiar with a charge of the problem of the address I hereby confirm	ointment as registered ons of all statutes rela ond accept the obligat this document is being that the limited ligh	d agent and agree to act in this cap tive to the proper and complete pe ions of my position as registered a ng filed to merely reflect a change willty company has been notified in	pacity. I furth rformance of gent as provid in the registe writing of the	ier agree to my duties, ded for in red office is change

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

(Signature of Registered Agent)