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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

mail	Address:			

LLC REGISTERED AGENT CHANGE GREEN CAPTIVA HOLDINGS, LLC

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COVER LETTER TO: Registration Section Division of Corporations Green Captiva Holdings, LLC SUBJECT: 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: Lori Whalen Name of Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, TX 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen 705-7274 Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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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.

Name of the limited liability company: Green Captiv	va Holdings, LLC		
2. (a) 217 Cesar E Chavez Ave SW	(b) 217 Cesar E Chavez Ave SW		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 401			
Grand Rapids, MI 49503	GRAND RAPIDS, MI 49503		
7/21/2017	M17000006177		
Date of filing/registration in Florida TRAC - THE REGISTERED AGENT COMPANY	4. Document number		
Registered Agent and Registered Office shown on the records	s of the Florida Dept, of State:		
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
TALLAHASSEE	FL_32303 ≈		
(b) Registered Agent Solutions, Inc.	,FL 2023 DEC		
Enter name of NEW Registered Agent and/or NEW Register	ered Office address:		
2894 Remington Green Ln.			
NEW Registered Office Address:	ယ္		
Ste. A	 		
Tallahassee	FL_32308		
change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited	e laws of the State of Florida, it is hereby confirmed that after the the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) are of the limited liability company or as otherwise provided in the limited liability company.		
Js/ Jaclyn Wright	Jaclyn Wright Authorized Person		
Signature of a member or authorized representative of a member	Printed or typed name of signee		
provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provi to merely reflect a change in the registered office address, notified in writing of this change.	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept idea for in Chapter 605, F.S. Or, if this document is being filed in I hereby confirm that the limited liability company has been		
Mackenzie Hibler, Asst. Se	ecretary		
Signature of Registered Agent			