M23000012476

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

Office Use Only



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2024 AUG 22 AM II: 06

SECRETARY OF STATE
TALLAHASSEF, FATE

2021 AUS 22 Fil

AB

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 08/22/24 Order #: 1600446-2

Re: Greenleaf Investment Partners L110, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

W. Holeson

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations					
SURI	Greenleaf Investment Partners, L	.110 LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The er	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the f	following:			
Jame	s David Codrea, Jr					
	Name of Person		_			
Greer	leaf Investment Partners, L110 LLC					
	Firm/Company					
3081	Holcomb Bridge Road A-2					
	Address		_			
Norce	oss, GA 30071					
	City/State and Zip Code					
comp	liance@greenleafmgmt.com					
	E-mail address: (to be used for future and	nual report notif	ication)			
For fu	orther information concerning this matter	, please call:				
Jeren	ny Metzger	470 at (843-7210			
<u></u>	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			
	Enclosed is a check for the following	g amount:				
	■ \$25 Filing Fee	□ \$	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	ame of the limited liability company:	ileaf Investr	ment Par	iners, L110 LLC	
2. (a)	3081 Holcomb Bridge Rd Ste A2 Norcross	GA 30071	_ (b)	3081 Holcomb Bridge Rd Ste A2 Norcross GA 300	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	40/04/00		-	1000000040470	
,	12/31/23		_	123000012476	
3.	Date of filing/registration in Florid	la	4.	Document number	
5. (a)					
	Registered Agent and Registered Office shown on th	e records of th	e Florida I	Dept. of State:	
				202 T	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 AUG 22 SECRETARY TALLAHAS	
	155 Office Plaza Drive, 1st Floor			AAA AA	
	Tallahassee	. FL ³	32301	HAS 22	
		,		22 AMIII	
(b)				AMII: 06 OF STATE SEE, FL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	/ Registered (Office addi	ress: 06	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	, FL_	32301		
change agent was/was/was/was/was/was/was/was/was/was/	c or changes are made, the Florida street additivill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ricles of organization or the operating agreem ture of a meinber or authorized representative of a mention of the approximation of the registered age.	ress of the re- limited liab members of tent of the li	egistered ility com the limit mited lia Jame	tate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. s David Codrea Printed or typed name of signee a this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	

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

COA-8780

Shauna Godbolt