M77032

(Requestor's Name)				
(Address)				
(123,325)				
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(0)	City	/State/Zip/Phon	e #)	
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2006 DEC -5 AM IO: 09
SECRETARY DE STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

ODEEN COVE CO					
SUBJECT: GREEN COVE CO. (Name of Corporation)					
DOCUMENT NUMBER: M77032					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jill Probst (Name of Con	ntact Person)				
National Service Information, Inc (Firm/Company)					
145 Baker St (Address)					
Marion Ohio 43302 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Jill Probst (Name of Contact Person)	at (740) 387-6806 x110 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301



December 1, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jill Probst
Corporate Services Department

- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi er to change its registered office or registe	ized under the laws of the i	State of FL
1. The name of	the corporation:	GREEN COVE C	O
	office address: 191 W NATIONWIDE E		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/05/1988	Doçument number:	M77032
5. The name and	I street address of the current registered agriment of State:		
	C T CORPORATION SYSTE	<u>EM</u>	جيد آنها
	1200 SOUTH PINE ISLAND	ROAD	<u>og er s</u> udoka er er er er ek
	PLANTATION FL 33324		2006 TAI
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or regis	SECRETARY STEERED OF THE STEERED OF THE STEERED OF THE STEER STEER STEERED OF THE STEER STEERED OF THE STEER STEERED OF THE STEERED OF THE STEER STEERED OF THE STEERED OF THE STEER STEERED OF THE STEER STEERED OF THE STEERED OF THE STEER STEERED OF THE STEER STEERED OF THE STEER STEERED OF THE
	NRAI Services, Inc.		EFFLOR E
	2731 Executive Park Drive, (P.O. Box NOT acceptable)		IO: 09
	Weston, FL 33331	<u> </u>	en e
The street address changed will	ess of its registered office and the street a be identical.	address of the business of	fice of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors tifted in writing of the characteristics.	or by an officer so ange.
I hereby accept I further agree to of my duties, an document is bei	The appointment as registered agent and the appointment as registered agent and to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	DON M. Casto I	77** (\$1) * - * * * * * * * * * * * * * * * * *
Jui H	Molest Assistant Seveta	y 11-30.	80
	gnature of Registered Agent)	(Date	e)
	half of an entity:	٠	
Jill Probst	Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)