## NOTOOODIDIUY

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SECRETARY OF STATE OIVISION OF CORPORATION

RARACHS

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT:	GREENTALE Name of C	S CORP.				
DOCUMENT NUMBER:	N07	00001016	<u>34</u>			
The enclosed Statement of Chang	ge of Registered Offic	e/Agent and f	ee are submit	ted for filing.		
Please return all correspondence	concerning this matte	r to the follow	ving:			
•						
LAURA SANTAMARIA, ESQ.						
	Name of Co	ntact Person				
	ODEENTAL					
	GREENTAI Firm/Co	ompany	•	<del></del>		
		• •				
6800 SW 115 STREET						
<del></del>	Add	ress				
MIAMI, FLORIDA 33156 City/State and Zip Code						
City/State and Zip Code						
Lsantamaria0113@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning	ng this matter, please	call:				
Laura Santa		at ( 30	5 )	588-6221 me Telephone Number		
Name of Contact	Person	Area (	Code & Daytir	me Telephone Number		
Enclosed is a \$35.00 check made	payable to the Depar	tment of State	<del>3</del> .			
Amend	Address: ment Section	Aı	reet Address: mendment Se ivision of Co			
P.O. Bo	n of Corporations ox 6327		itton Buildin	•		
Tallaha	ssee, FL 32314			e Center Circle		

Tallahassee, FL 32301

TO:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu statement of change is submitted for a corporation organized under the laws of the State of Floring Florida Status of Florida Status	rida
in order to change its registered office or registered agent, or both, in the State of Florid	da.
1. The name of the corporation: GREENTALESCORP.	
2. The principal office address: 7330 SW 55 AVENUE, MIAMI, FLORIDA 33143	
3. The mailing address (if different): Same as above.	
4. Date of incorporation/qualification: 10/12/2007 Document number: N070	000010164
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	e
JEFF SHIMONSKI	
7330 SW 55 AVENUE	
MIAMI, FLORIDA 33143	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	DIVISION OF CO
LAURA SANTAMARIA, ESQ.	OF CO
6800 SW 115 STREET	RP RP S
P.O. Box NOT acceptable  MIAMI, FLORIDA 33156	9: 44
The street address of its registered office and the street address of the husiness office of its re-	•,
as changed will be identical.  Such change was authorized by resolution duly adented by its board of directors or by an office.	
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change.	cer so
Signature of an officer or director  The Share and title	MSKe
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complet of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby corporation has been housified in writing of this change.	
Signature of Registered Agent 8/20/	
If signing on behalf of an entity:	
Typed or Printed Name	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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