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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GETTING GREEN NURSERY, INC. (Name of corporation)
DOCUMENT NUMBER: P03000006821
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:
STEPHEN J. STRALEY, ESQ. (Name of person)
STRALEY & OTTO, P.A.
(Name of firm/company) 3990 SHERIDAN STREET, #109
(Address)
HOLLYWOOD, FLORIDA 33021
(City/state and zip code)
For further information concerning this matter, please call:
STEPHEN_J. STRALEY, ESQ. at (954) 962-7367
STEPHEN J. STRALEY, ESQ. at (954) 962-7367 (Name of person) (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 409 E. Gaines Street Tallahassee, FL 32399

AGENT OR BOTH FOR CORPORATIONS ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED

*		617.0502, 607.1508, or 617.1508, ation organized under the laws of the	
	•	stered office or registered agent, or l	•
of Florida.	- , - 5	20 3 3 5 5	
*	orporation: <u>GETTING GR</u>	EEN NURSERY, INC.	
2. The principal offic	e address: 7000 SOUTH	WEST 148th AVENUE	·
	SOUTHWEST	RANCHES, FLORIDA 33330	
3. The mailing addres	ss (if different):		
4. Date of incorporati	ion/qualification: JANUARY	17, 2003 ocument number: po	3000006821
5. The name and stree Florida Departmen		tered agent and registered office on fi	le with the
	CORPORATION SERVE	CE_COMPANY	<u> </u>
	1201 HAYS STREET		_ 존음 용
	TALLAHASSE, FLORI	DA 32301	
6. The name and streeth changed):	STEPHEN J. STRALE STRALEY & OTTO, P 3990 SHERIDAN STR	.A.	ASSEE, FLORIC
	(P.O. Box or personal r HOLLYWOOD, Florid		- S''' -
	its registered office and the sill be identical.	street address of the business office of dopted by its board of directors or by the notified in writing of the change.	
Signature of an officer, chairing	an or vice chairman of the board)	RENEE SHOELSON, VP, D (Printed or typed name and title)	
I hereby accept the a I further agree to con performance of my di registered agent. Of office address, I here	ppointment as registered age nply with the provisions of a with the provisions of a with a thirty with if this document is being fill by confirm that the corporat	ent and agree to act in this capacity. Il statutes relative to the proper and and accept the obligation of my posled merely to reflect a change in the tion has been notified in writing of the	complete ition as registered iis change.
(Signature	of Registered Agent)	(Date)	·
If signing on behalf of an	entity:	(
STEPHEN J	Printed Name) EYY ESQ.	REGISTERED AGENT (Capacity)	

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