## P0300009429

(Requestor's Name)
(Address)
(Address)
(,
(City/Carty File/Disease 4D
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400060165764

10/05/05--81062--004 \*\*35.00

2005 OCT -6 PH 1: 09

9 10/H/05

## COVER LETTER

rillel

2005 OCT -6 PM 1: 09

TO: Amendment Section Division of Corporations

SUBJECT: GReenLeaf Realty Advisors, Inch AHASSEE FLORIDA
(Name of Corporation)

DOCUMENT NUMBER: P03000009429

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:

(Name of Contact Person)

GLeenleaf Realty Advisous, Iuc.
(Firm/Company)

P.O. Box 11745
(Address)

NAPles, FL 34101
(City/State and Zip Code)

For further information concerning this matter, please call:

TYIEL J. Suith

(Name of Contact Person)

at (239) 261-2663

(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

## 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 Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FloribA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GREENLEAF RESITY ADVISERS, INC.
2. The principal office address: 682 RUDDEL RD.
NAPIES, FL 34102
3. The mailing address (if different): P.O. Box 11745
NAPIES, FL 34101
4. Date of incorporation/qualification: 01-27-03 Document number: PO3000009 429
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
TYIER J. SMITH
27499 RIVERVIEW CENTER BINDY Ste 114
BONILA OPLINGS FR 34134 E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TYIER J. SMATH
(P.O. Box NOT acceptable)
NAPLES, FL 34102
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.
(Signatur fortan officer or director)  THEL J. Suith, president (Printed or typed name and title)
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
10-02-05
(Signature of Registered Agent) (Date)
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
CR2E045 (8/05)

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