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REGISTERED AGENT CHANGE GREENWAY FORD, INC.

02
\$35.00

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OCT =9 2013

R. WHITE

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corp	ooration:	GREENWAY FO	RD. INC.	.,,,,,			
2.	The principal office	address:	9001 East Colonia	l Drive, Orla	undo, FL 328	17		
3.	The mailing address	(if differen):					
4.	Date of incorporation	n/qualificati	on: February 7, 200	4 Doc	ument numbe	er: <u>P040</u> (00024920	
5.	The name and street Department of State:			ed agent and	registered of	Tice on file v	with the Flo	orida
Fowler White Boggs P.A.								
50 North Laura Street. Suite 2800							*.5*.	
	Jacks	onville, FL	32202				SEC	EL.
6.	The name and street	address of 1	he new registered ag	ent (if chang	ged) and /or re	egistered offic	ce de Chang	단화:
	Corpo	ration Com	pany of Orlando		<u>,</u>		SSEE	6
	<u>300 S</u>	outh Orang	e Ave., Suite 1000 (J P.O. Box NOT	IGH) acceptable)F.SI , FL(PE (
	<u>Orlan</u>	do. FL 328	01			:	Σ D A E	
Th cha	e street address of its i anged will be identical	registered o	ffice and the street a	ddress of the	business off	ice of its regi	steréd ager	nt, as
Su	ch change was authori the board, or the corpo	zed by reso	lution duly adopted	by its board	of directors o	r by an office	er so author	rized
_	Ellen	_(Òe	<u>e</u> _		Edward M. Al	den, CFO		
	Signature of an o				Printed or t	typed name and		
I he I fi my doc co	ereby accept the appointher agree to comply and I am Jan cunter, and I am Jan cunent is being filed in poration has been not	intment as r with the pr viliar with a merely to re ified in wri	egistered agent and ovisions of all statut and accept the oblis effect a change in th fing of this change.	agree to act les relative to gation of my le registered	in this capaci o the proper a o position as office addres	ity. Ind complete registered as ss, I hereby c	performan zeni Or, if confirm tha	ce of this t the
Co	rporation Company of	t .						
<u>By</u>	Signature of Re	gistered Agei	nt		September 25.	2013 Date	<u></u>	
lf s	signing on behalf of an	entity:						
<u>J. (</u>	Gregory Humphries, V Typed or Pri	ice Preside inted Name	nt					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314