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(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

SUBJECT: Green Energy Builders & Solutions By Arch Construction & Design Inc. Name of Corporation DOCUMENT NUMBER: P05000113346 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: Camille Touma Name of Contact Person Green Energy Builders & Solutions Firm/Company 13720 old St Augustine Rd, Suite 8/293 Address Jacksonville, FL.32258 City/State and Zip Code ctouma@gebs1.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Camille Touma Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person	TO:	Amendment Section Division of Corporations
Name of Corporation DOCUMENT NUMBER: P05000113346 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: Camille Tourna Name of Contact Person Green Energy Builders & Solutions Firm/Company 13720 old St Augustine Rd, Suite 8/293 Address Jacksonville, FL.32258 City/State and Zip Code ctourna@gebs1.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		121Vision of Corporations
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	City/S	tate and Zip Code
For further information concerning this matter, please call:		ctouma@gebs1.com
•	E-ma	il address: (to be used for future annual report notification)
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Camille Touma at (904) 655-3536 Name of Contact Person Area Code & Daytime Telephone Number	For fu	rther information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number	Camil	le Touma at (904) 655-3536
		Name of Contact 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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Amendment Section

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 61 nge is submitted for a corporation r to change its registered office or i	organized w	nder the laws of the	State of Florida		
1. The name of	he corporation: Green Energy Build	ders & Solutio	ons By Arch Constru	ction & Design I	nc.	
	office address: 13720 old St August			-		
Jacksonville, FL			-			
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 8/15/2005	1	Document number:	P05000113346		
	street address of the current registe tment of State: (If resigned, enter re	_	nd registered office	on file with the		
	N/A					
					SECRET	2020 AUG
6. The name and street address of the new registero (if changed): Camille Touma		ed agent (if cl	nanged) and /or reg	istered office	ARY OF STANSSEE.	19 PX
	13720 old St Augustine Rd, Suite 8/	/293			TATE FL	1:05
	1	P.O. Box NOT a	rcepuble			
	Jacksonville,FL.32258			· ··		
The street addreas changed will	ss of its registered office and the s be identical.	street addres	s of the business o	ffice of its regis	tered ag	ent.
Such change wa authorized by th	is authorized by resolution duly ac le board, or the corporation has be	dopted by its een notified i	board of directors in writing of the ch	or by an office ange.	r so	
		Can	nille Touma			
l further agrée i of my duties, an	the appointment as registered ago o comply with the provisions of al d Lam familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ll statutes re he oblivation	lative to the proper cof my position as	acity. r and complete previstered agen	perform 1. Or if irm that	ance this the
	/DUL	7/10	/2020			
Sig	harten Registered Agent		Dai	e		_
	half of an entity:					
Camille Tourna	ped 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 (04/13)