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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Green Ways of America, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 6 0000 14312
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:
John A. Medina (Name of Contact Person) Green ways of America, Inc. (Firm/Company)
P.O. Box (c 80 (Address)
Midway, FL 32343 (City/State and Zip Code)
For further information concerning this matter, please call:
John A. Medina at (850) 694 0040 (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 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Creenways of America, Inc.</u>
2. The principal office address: 1335 Commerce Blwd.
Midway, FL 32343
3. The mailing address (if different): P.O. Box 680, Midway, FL 32343
4. Date of incorporation/qualification: Jan. 30, 2006 Document number: PO6000014312
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Vincent S. Long 316.3 Andalusia Avenue Tallahassee, FL 32311
Vincent S. Long 316.3 Andalusia Avenue Tallahassee, FL 32311 6. The name and street address of the new registered agent (if changed) and /or registered office
Tallahassee, FL 32311
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John A. Medina
2500 Merchants Row Blvd. #294 (PO Box NOT acceptable)
Tallahossee FL 32311
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.
Signature of an officer or director) John A. Medina Resident (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.
(Signature of Registered Agent) 3/9/06 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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