P07000054145

(Re	questor's Name)	
(Ad	dress)	
(Address)		
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(Cit	y/State/Zip/Phon	a #\
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Special Instructions to	Filing Officer:	,
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RA change Themis 1/17/08

COVER LETTER

Division of Corporations			
SUBJECT: Green Tree Gardens, Inc.			
(Name of Corporation)			
D07000054445			
DOCUMENT NUMBER: P07000054145			
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:			
Tina R. Edenfield			
(Name of Contact Person)			
Green Tree Gardens, Inc.			
(Firm/Company)			
11097 Ledgement Lane			
(Address)			
Windermere, FL 34786			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
The state of the s			
Tina R. Edenfield at (407) 876 - 8239 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address: Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.
1. The name of	the corporation: Green Tree Gardens,	Inc.
2. The principal	office address: 11097 Ledgement Lan	ө
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 5/4/07	Document number: P07000054145
	d street address of the current registered rtment of State:	agent and registered office on file with the
	Michael W. Edenfield	
	11097 Ledgement Lane	
	Windermere, FL 34786	—————————————————————————————————————
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office
	Tina R. Edenfield	
	11097 Ledgement Lane	
	(P.O. Box NOT acceptate Windermere, FL 34786	sle)
The street address changed will	ess of its registered office and the stre	et address of the business office of its registered agent,
_		ted by its board of directors or by an officer so notified in writing of the change.
ima Da	dlufuld ure of an officer or director)	CEO (Printed or typed name and title)
I harahy accant	the appointment as registered agent.	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
Ama G	Edufuld gnature of Registered Agent)	1/11/08 (Date)
If signing on be	ehalf of an entity:	
(Typed 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