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SECRETARY OF STAIL

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CCT: Green Liberty City Inc. Name of Corporation
DOCU	MENT NUMBER: P090000067687
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kedar Jackson Name of Contact Person
	Green Liberty City Inc. /Firm/Company
	1031 Little River Drive
	Miami, FL 33150 City/State and Zip Code
	City/State and Zip Code
	tedariackson o hotmail. com.
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Ke	Name of Contact Person at (786) 499 - 5758 Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed 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

TO:

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 corporation: 6/een (berty City, /1c.
1. The name of the corporation: Green Charty Cry, Inc. 2. The principal office address: 299 Sunny Islu Blvd Sunny Islu Beach, FU 73160
Sunny ble Beach, FU 73/60
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/11/2099 Document number: P090000067687
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Rosa Hernander (Respred)
299 June Blod
Rosa Hernander (Resyred) 299 Sunny Isles Blod Sunny Isles Beach, Fl 33160 Fig. 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kedn- Jackson Mg 7
Keda- Jackson 1031 LAtle Rive D. P.O. Box NOT acceptable
Miami, FL 33150
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.
KEDAR JAJUSON - President Signature of an officer of director 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.
<u> </u>
Signature of Registered Agent Date
If signing on behalf of an entity:
KEDAR JACKSON Typed or Printed Name

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