

P09000098432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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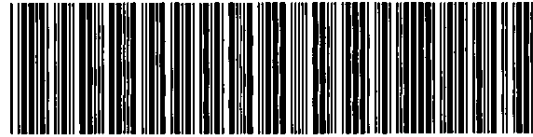
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5/4/17

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GREENHOUSE INTERIORS, INC.  
Name of Corporation

DOCUMENT NUMBER: 709000098432

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:

MARY F. LANE

Name of Contact Person

GREENHOUSE INTERIORS, INC.  
Firm/Company

1119 49th St. So

Address

GULFPORT, FL 33707  
City/State and Zip Code

JOANMA33707@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY F. LANE

Name of Contact Person

at ( 727 ) 278-3848

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

1. The name of the corporation: GREEN HOUSE INTERIORS, INC
2. The principal office address: 1119 49<sup>th</sup> ST. So.  
GULF PORT, FL. 33701
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12/4/2009 Document number: PD9000098432
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)

JOSEPH H PORTER SR. RESIGNED  
1119 49<sup>th</sup> ST. So.  
GULF PORT, FL. 33701

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SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

MARY F. LANE  
5009 12<sup>th</sup> AVE, So.  
P.O. Box NOT acceptable  
GULF PORT, FL. 33701

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.

Mary F. Lane  
Signature of an officer or director

MARY F. LANE, PRES  
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.

Mary F. Lane  
Signature of Registered Agent

4-27-17  
Date

If signing on behalf 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  
CR2E045 (03/12)