P11000107618

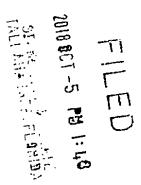
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P11000107618

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:

Ramon Eduardo Duarte

Name of Contact Person

Green Alliance, Inc.

Firm/Company

14996 SW 20th Terr

Address

Miami FL 33185

City/State and Zip Code

RDuarte00@yahoo.com

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

For further information concerning this matter, please call:

Ramon Eduardo Duarte
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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida	
	•	ered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Green Alliance, In	nc.	
2. The principal	office address: 14996 SW 20th T	er Miami FL 33185	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/01/2012	Document number: P11000107618	
	I street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the	
	Ramon E. Duarte		
	14996 SW 20th Ter Miami FL 33185		
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered office	
	Ramon Eduardo Duarte		
	14996 SW 20th Ter Miami FL 33185		
	P.O. Box NOT	acceptante	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted the beard, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
	Charlet	Ramon Eduardo Duarte	
I further agrée t verformance of	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect the forporation has been notified in	Printed or typed name and title d agree to act in this capacity, these relative to the proper and complete complete to the proper and complete complete to the proper and complete complete the obligation of my position as registered ect a change in the registered office address, I must writing of this change.	
1	Land	10/02/2018	
Sign	ATT of Registered Agent	Date	
If signing on be	half of an entity:		
	vped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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