P12000024834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 4.4.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GREEN THUMB RECOVERY INC
Name of Corporation

DOCUMENT NUMBER: P12000024834

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:

CHARLES R WINTZ CPA
Name of Contact Person

CHARLES R WINTZ CPA PA
Firm/Company

4551 SHIRLEY AVE
Address

JACKSONVILLE, FL 32210
City/State and Zip Code

crw@crwintzcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES R WINTZ at (904) 389-7111
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

CR2E045 (8/05)

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

Pursuant to the provisions of section 607.0502, 617.0502, 607.1502, or 617.1502, 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: GREEN THUMB RECOVERY, INC

2. The principal office address: 9171 Parker Ave
JACKSONVILLE, FL 32218

3. The mailing address (if different): _____

4. Date of incorporation/qualification: MARCH 13, 2012 Document number: P12000024834

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)

WILLIAM HUGHES
1718 BRACKLAND ST
JACKSONVILLE, FL 32206

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

VAUGHN WINFREE
8930 IRONGATE DRIVE
P.O. Box NOT acceptable
JACKSONVILLE, FL 32244

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.

_____ LUTITIA TURNER PRES
Signature of Officer or Director — Printed 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 obligations 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 declare that the corporation has been notified in writing of this change.

_____ 3-27-12
Signature of Registered Agent — 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 (8/08)

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