119 000 023821

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

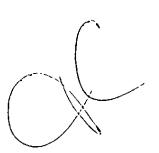
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2022 SEP -9 AM II: 29



COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	GENESIS CASE MANAGEMENT LLC					
Some	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclos	ed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please retu	rn all correspondence concernin	g this matter to the	e following:			
SUSANA L	AY TEJEDA					
	Name of Person					
SUSANA L	AY TEJEDA					
	Firm/Company					
19455 NW	79TH PL					
	Address	-				
HIALEAH/	FLORIDA, 33015					
	City/State and Zip Co	de				
genesistem()119@gmail.com					
E-ma	il address: (to be used for future	annual report not	ification)			
For further	information concerning this ma	atter, please call:				
SUSANA L	AY TEJEDA	561 at (663-0840			
	Name of Person	u. (Area Code & Daytime Telephone Number			
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	iclosed is a check for the follow	ving amount:				
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/	14)					

2022 SEP -9 AHII: 2

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i. Na	me of the limited liability company: GENESIS CASE M	MANA	GEMENT	LLC
2. (a)	19455 NW 79th PL HIALEAH FL 33015			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/22/2019	 -	L190000	123821
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SUSANA LAY TEJEDA			
· ,	Registered Agent and Registered Office shown on the records of the 19455 NW 79th PL HIALEAH FL 33015	he Flor	ida Dept. of :	State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>	· —
	19455 NW 79th PL, Hialeah FL	33015		2022 SEP
(b)	SUSANA LAY TEJEDA			SEF
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	- 9
	NOW Decision LOW-144-14			
	NEW Registered Office Address:			. 29
	10455 NW 704 PU IC 1 1	22016		_
	19455 NW 79th PL Hialcah FL	22012		
change agent w was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the last and TEIEDA	registe bility f the l imited	ered office company, imited liab Hiability o	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
	SANA LAY TEJEDA ture of a member or authorized representative of a member	- 50)SANA LA	Y TEJEDA Printed or typed name of signee
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided fly reflect a change in the registered office address. I have I'm writing of this change	re to a perfor. for in eveby	ct in this c mance of n Chapter (confirm th	anacity. I further agree to comply with the

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