

3/13/23, 9:09 AM

Division of Corporations

Florida Department of State
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : URS AGENTS LLC
 Account Number : 120150000127
 Phone : (800)567-4397
 Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 FEB 13 AM 10:01

**LLC REGISTERED AGENT CHANGE
 GENESIS CAPITAL GROUP, LLC**

Certificate of Status	0
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3/14/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENESIS CAPITAL GROUP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederick D. Robinson
Name of Person

GENESIS CAPITAL GROUP, LLC
Firm/Company

18545 Avocet Dr
Address

Lutz, FL 33558
City/State and Zip Code

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

For further information concerning this matter, please call:

URS AGENTS C/O LAUREN JOHNSON at (800) 567 - 4397
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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.

1. Name of the limited liability company: GENESIS CAPITAL GROUP, LLC

2. (a) Principal office address of limited liability company: 18545 AVOCET DRIVE LUTZ, FL 33558 (b) Mailing address of limited liability company: PO BOX 273733 TAMPA, FL 33688

3. Date of filing/registration in Florida: 02/04/2020 4. Document number: L20000040708

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ROBINSON, FREDERICK D Registered Office Address: 18545 AVOCET DRIVE LUTZ, FL 33558

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: URS AGENTS, LLC NEW Registered Office Address: 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member: Frederick D. Robinson Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent: LAUREN JOHNSON, ASST. SECRETARY

2023 MAR 13 AM 13:01