## P05000120519

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| PICK-UP                 | WAIT               | MAIL            |
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| (Do                     | cument Number)     | <u> </u>        |
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| Special Instructions to | Filing Officer:    | ,               |
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## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations   |      |
|--------|--|------|
| SUBJ   | ECT: Genesee Systems, Inc. (Name of Corporation)   |      |
| DOCU   | UMENT NUMBER: P05000120519   |      |
| The er | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.   |      |
| Please | return all correspondence concerning this matter to the following:   |      |
|        | Donald L Gottschalk (Name of Contact Person)   |      |
|        | (Name of Contact Felson)   |      |
|        | Genesee Systems, Inc. (Firm/Company)   |      |
|        | 201 Saint James Way (Address)  |      |
|        | Naples, FL 34104<br>(City/State and Zip Code)  |      |
| For fu | rther information concerning this matter, please call:   |      |
|        | Donald L Gottschalk at ( 414 ) 573-9461 (Name of Contact Person) (Area Code & Daytime Telephone Num  | ber) |
| Enclos | sed is a \$35.00 check made payable to the Department of State.  |      |
|        | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 CStreet 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: Genesee Systems, Inc.   |   |
| 2. The principal office address: 201 Saint James Way, Naples, FL 34104  |   |
| 3. The mailing address (if different):  | _ |
| 4. Date of incorporation/qualification: August 29, 2005 Document number: P05000120519   |   |
| 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)  |   |
| Donald L Gottschalk   |   |
| 6524 Ilex Circle  |   |
| Naples, FL 34109 SSEE C   |   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |   |
| Donald L Gottschalk   |   |
| 201 Saint James Way (P.O. Box NOT acceptable)   |   |
| Naples, FL 34104  |   |
| 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.   |   |
| Donald L Gottschalk President (Signature of an officer of firector)  Donald L Gottschalk President (Printed or typed name and title)  |   |
| (Frinted 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. |   |
| (Signature of Registered Agent)  O 4/19/1009  (Date)  |   |
| (Signature of Registered Agent) (Date)  |   |
| If signing on behalf of an entity:  |   |
| Donald L Gottschalk (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