2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000382987

Entity Name: NEW GENESIS INVESTMENT GROUP, LLC

Current Principal Place of Business:

401 EAST JACKSON STREET (SUNTRUST FINANCIAL CENTER)

SUITE 2340-D19 TAMPA, FL 33602

Current Mailing Address:

401 EAST JACKSON STREET (SUNTRUST FINANCIAL CENTER)

SUITE 2340-D19

TAMPA, FL 33602 US

TAMPA, FL 33602 US

FEI Number: 85-4339269 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURKE, MINNIE 401 EAST JACKSON STREET (SUNTRUST FINANCIAL CENTER) SUITE 2340-D19

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MINNIE BURKE 04/15/2022

Electronic Signature of Registered Agent Date

FILED Apr 15, 2022

Secretary of State

7798389157CC

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name ROBINSON, MICHAEL G Name WILLIAMS, BILLY L

Address 401 EAST JACKSON STREET Address 401 EAST JACKSON STREET

(SUNTRUST FINANCIAL CENTER) (SUNTRUST FINANCIAL CENTER)

SUITE 2340-D19 SUITE 2340-D19

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title PRESIDENT Title AUTHORIZED MEMBER

Name ROBINSON, KAPRENA Name PLEIN, ORLANDO

Address 401 EAST JACKSON STREET Address 401 EAST JACKSON STREET

(SUNTRUST FINANCIAL CENTER) (SUNTRUST FINANCIAL CENTER)

SUITE 2340-D19 SUITE 2340-D19

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title SECRETARY Title ASST. SECRETARY

Name ROBINSON, JAMESE Name ADENIJI, BRITTANY

Address 401 EAST JACKSON STREET Address 401 EAST JACKSON STREET

(SUNTRUST FINANCIAL CENTER) (SUNTRUST FINANCIAL CENTER)

SUITE 2340-D19 SUITE 2340-D19

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title AUTHORIZED REPRESENTATIVE

Name BURKE, MINNIE

Address 401 EAST JACKSON STREET

(SUNTRUST FINANCIAL CENTER)

SUITE 2340-D19

City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MINNIE BURKE AUTHORIZED REP 04/15/2022