3/6/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

REGISTERED AGENT CHANGE PEI/GENESIS, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of chan	ge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of
1. The name of th	e corporation: PEI/Genesis, Inc.	
	ffice address: 2180 HORNIG ROAD	
PHILADELPH		
3. The mailing ad	dress (if different): 2160 HORNIG ROAD	
PHILADELPH	HA. PA 19116	
4. Date of incorpo	oration/qualification: 10/15/2007	Document number: F07000005106
	street address of the current registered agment of State: (If resigned, enter resigned	gent and registered office on file with the d)
(T CORPORATION SYSTEM	
<u>-</u>	L200 SOUTH PINE ISLAND ROA	/D
<u> </u>	PLANTATION, FL 33324	
6. The name and (if changed):	street address of the new registered agen	ST.
<u>_</u>	Northwest Registered Agent	LLC
<u> </u>	7901 4th St N STE 300	
	P.O. Box NOT a	acceptable
<u>;</u>	St. Petersburg FL 33702	
The street addres as changed will b	s of its registered office and the street a e identical.	ddress of the business office of its registered agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Treg	orry Warchaw	Gregory Warshaw, Secretary
-		agree to act in this capacity. Ites relative to the proper and complete scept the obligation of my position as registered of a change in the registered office address. I writing of this change.
lon	Flore	3/6/19
Signa	ture of Registered Agent	Date
If signing on beha	alf of an entity:	
Tom Glover		
Тур	ed or Printed Name	
	* * * FILING FEE	a: あらう.00 ™ ™ ™

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)