## 201000020652

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(	,,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## · COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GeniusDV, LLC	
	e of Limited Liability Company
Dear Sir or Madam:	<b>P</b>
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
John M. Lynn	
Name of Person	
GeniusDV	
Firm/Company	<del></del>
1435 Colony Place	
Address	
Venice, FL 34292	
City/State and Zip Code	
john@geniusdv.com	
E-mail address: (to be used for future annu	ial report notification)
For further information concerning this matter, p	please call:
John Lynn	407 222-7787
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

INHS18 (2/14)

## 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. Na	me of the limited liability company: GeniusDV, LLC	0				
2. (a)	John Lynn	(b)	Genius	DV		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (8)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	1472 Colony Place		1435 V	enice Ave,	Suite 104	4-281
	Venice, FL 34292	_	Venice,	FL 34292		-
	09/18/2018	L	.010000	20652		
3.	Date of filing/registration in Florida	4.		Document	number	
5. (a)	John M. Lynn					
J. (u)	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of Sta	— 1e;		
	John M. Lynn					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_	<u> </u>	
	7021 Della Dr, #51			_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) 
	Orlando FL	32819		_	SEP ZO	
(b)	John M. Lynn	<u></u> .		_	ŗ.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:		ASSA S	
	John M. Lynn				<del>,</del>	~
	NEW Registered Office Address:			_		
	1472 Colony Place			_		
	Venice, FL	34292		_		
signa  I here provisithe obit to mere	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member or authorized representative of a member of the appointment as registered agent and agreeions of all statutes relative to the proper and complete placetions of my position as registered agent as provided by reflect a change in the registered office address. The din writing of this change.	he regist bility con the limi imited li Johr	ered office apany, it ted liability con M Lyne in this can	ee and the buse hereby costy company mpany.  Printed or ty pacity. I furn	isiness officintirmed that or as otherwise of section of section is a section of section	re of the registered at the change(s) wise provided in signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent