L03000057182

(1	Requestor's Name)							
- (Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates of Status							
Special Instructions to Filing Officer:								

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GSC, - WILMINGTON, Suite 400 2711 Cénterville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 26, 2015

Order#: 630558/029

Re: GENCOM EXECS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

i.	Na	me of the limited liability company: GENCOM EXEC	S, LLC	·			
2	(2)	255 Alhambra Circle, Suite #600	_ (b)	,			
۷.	(a) .	Principal office address of limited liability company:	_ (0,		Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFF)	CE BOX)
			_				
		Coral Gables, FL 33134	.	-			
		12/31/2003	_	L0300005	7182		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	C T Corporation System					
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:		
		1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					<u></u>	7
				Ω. Σ			
						H	S. P.
		Plantation , FL_	33324			28	
		•				<u> </u>	م المنظورة
(b) Corporation Service Company						- 	3.4
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	lress:		9: 0:	(4) (5)
						ယ	<u>1844.</u> 1117
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee F1.	32301				
		, FL_	32301				
If	the li	mited liability company is not organized under the laws	of the	State of Flo	rida, it is hereby confirme	d that a	fter
th ag	e cha ent v	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	he regis pility co	tered office mpany, it is	and the business office of hereby confirmed that the	t the reg e change	usterea e(s)
W	as/we	re authorized by an affirmative vote of the members of	the limi	ited liability	company or as otherwise	provide	ed in
th	e arti	cles of organization or the operating agreement of the li	mited li	ability com	pany.		
	<u> </u>		Don	a Priebe, Au	thorized Person		
		ure of a member of authorized representative of a member			Printed or typed name of signe		
] pr	neret ovisi	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p	e to act erforma	in this capa ince of my a	icity. I further agree to co luties, and I am familiar w	omply w vith and	ith the accept
th	e obli mere	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he	főr in C ereby co	Thapter 605, Infirm that t	, F.S. Or, if this documen he limited liability compa	t is bein nv has l	g filēd been
nc	itijied	t in writing of this change.				<i>y</i> •	
		Letin Oue Merice Company	D				
Si	gnatú	re of Registered Agent Corporation Service Company	BY: Sy	dvia Quepj	pet, Asst. Vice Presiden	τ	

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