## LO5000113395

(Rec	questor's Name)			
(110)	questor s rearrie)			
(Add	dress)			
(Address)				
(Cit)	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Dox	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to 8	Filing Officer:			
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		COVER	LETTER .			
	gistration Section vision of Corporations		· .			
SUBJECT	Genesis Medical Solutions LLC					
DODALE.	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.			
Please retur	rn all correspondence concernin	g this matter to th	e following:			
Karen M La	ane					
	Name of Person	<u> </u>				
Karen M La	nne LLC					
	Firm/Company		<del></del>			
10810 Boye	ette Rd # 1743					
	Address	···-	<del></del>			
Riverview I	FL 33568					
	City/State and Zip Co	de	<del></del>			
karenlane@	)live.com					
E-ma	il address: (to be used for future	annual report no	tification)			
For further	information concerning this ma	uter, please call:				
Karen M La	ane	813 at (	789-6309			
	Name of Person	a(	Area Code & Daytime Telephone Number			
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303			
En	iclosed is a check for the follow	ving amount:				
=	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			

## 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: Genesis Medi	ical Solution	s Ll	LLC
2. (a)		(	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. /.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10811 Johanna Ave			10810 Boyette Rd # 1743
	Riverview FL 33578		-	Riverview FL 33568
	11/28/2005		L	L05000113395
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mark C Serra			
J. (a)	Registered Agent and Registered Office shown on the record	Is of the Florid	da E	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>SS)</u>	~
	600 Bypass Drive Ste 109			
	Clearwater	. FL_ <sup>33764</sup>		
(b)	Karen M Lane			<del></del>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office a	<u>iddr</u>	lress: ب نا
				6
	NEW Registered Office Address:			
	10811 Johanna Ave			
	Riverview	. FL <sup>33578</sup>		
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member of organization or the operating agreement of	the registe d liability c ers of the lift the limited	ered com mite I lia	mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	ture of a member or authorized representative of a member	<del></del>	_	Printed or typed name of signee
provisi the obl to mere	ions of all statutes relative to the proper and comp	lete perforn	nan	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signatu	re of Registered Agent	-		