## 2000018628

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Genesys Funding, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Majestie Properties  (Firm/Company)
$\frac{35NE40^{11} St}{(Address)}$
Migni FL 33137 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (705) 672 5006  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:

Enclosed is a check for the following amount:

\$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liab	ility company is: _	Genesys	Funda	g, LLC.
2. The mailing address of the li		•	•	<del></del>
35 NE 40th	ct t	Mis El	7717	? 7
	<del></del>	•		<u></u> .
3/21/06		L060		628
3. Date of filing/registration in	Florida	4. Document	t number	
5. The name of the registered ag Florida Department of State:	ent and the register	red office address as sho	wn on the rec	ords of the
	Shemy +	searcon		
	25 115	vame		
	35 NE	ddress		
<del></del>	Miani City, St	FL 33/37 ate and Zip		06 01/Vig
6. The name and address of the	new registered ager	nt and/or office:		SECRETON OF NOV
	Richan	d Wood		<u> </u>
	Na	me 40 <sup>th</sup> S+		TILED STATE CORPORATION
	35 NE	40 St		ST OR/
Flor	ida street address (I	P.O. Box <b>NOT</b> acceptab	ole)	ED STATE ORPORATIONS
	Miani.	FL 33/37		<del>S</del>
	City, Stat	te and Zip		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby cothe members of the limited liability coperating agreement of the limited liability company is agreement of the limited liability company in the limited liability company is agreement of the limited liability company in the limited liability company is agreement of the limited liability company in the limited liability company is agreement of the liab	or changes are mad gistered agent will onfirmed that the ch lity company or as	te, the Florida street add be identical. Or, in the change(s) was/were autho otherwise provided in the	of Florida, it ress of the reg case of a Flor orized by an a ne articles of	is hereby gistered office ida limited ffirmative vote of organization or
- Her				
(Signature of a member or authorized repr	esentative of a member)			
(Printed or typed name of signee)	) U Z 9			
I hereby accept the appointmen comply with the provisions of al and I am familiar with and acce Chapter 508, F.S. Or, if this do address, I hereby confirm that th	t as registered age l statutes relative to pt the obligations o cument is being file he limited liability o	nt and agree to act in the other proper and comple of my position as registed to merely reflect a checompany has been notific	is capacity. It ite performan red agent as ange in the re ied in writing	further agree to nice of my duties, provided for in sgistered office of this change.

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

(Signature of Registered Agent)