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(Re	equestor's Name)	
(Ac	ldress)	
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	WAIT	MAIL
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2013 MAY 28 PM 2: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 29 2013

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MULTI-TASK GENIE, LIC 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:
Solothy HAYLOGE Name of Person
MUMI- MASIC GENIE, LIC Firm/Company THAT SUITE 3 SEE 28
2700 S. + Ami Ami TRAIL, SUITE 3 88 28
SANASOM. FI 34231 City/State and Zip Code
MULTITASK GENIE @ YAHOO · COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (94) 346-3999 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:

☐ \$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 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.

ugeni, or boin, in the state of Pioriaa.	<u> </u>		
1. Name of the limited liability company: MULTI	TASK GENIE, LLC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	112 (+121		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4370 S. 7 AMIAMY TRANC SUITE 314 SANASOHA FI 34231		
3. Date of filing/registration in Florida	4090000 37297		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:		
Registered Agent:	DOROTHY HAYLOUL		
Registered Office Address:	4370 S. TAMIAMI TRAIL		
	SARASOTA.FL 34231		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	2700 (71 71 70 0		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2700 SOUTH TAMBAMILTRA		
	SARASONA. = FL = 34239		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or		
Signature of a member or authorized representative of a member	<u> </u>		
Printed or typed name of signee	<u> </u>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to had address, I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.		

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

Signature of Registered Agent