## 211000054139

Labor Finders P.O. BOX 271508 Tampa,FL 33688  (Addřess)				
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: Change of registered agent of Corporation	
DOCU	JMENT NUMBER: L11000054139	<del></del>
The en	closed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Karen	Edwards	
Name	of Contact Person	<del></del>
Georgi	a Premier Services, LLC	
Firm/C	ompany	<del></del>
8624 N	Himes Avenue	
Addres	S	
Tampa.	. FL 33614	
City/St	ate and Zip Code	
	kedwards@garyjamesinc.com	
E-mail	address: (to be used for future annual	
For fur	ther information concerning this matter, p	lease call:
Karen I	Edwards	at ( 813 ) 932-2570 x 9822
	Name of Contact Person	at (813 ) 932-2570 x 9822  Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the I	Department of State already paid - QL# 302317 dated \$13/20
		du# 302317 Lated 8/3/22
	Maning Addition.	Sirett Address.
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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. Name of the limited liability company: Gen ya frem 1	er Sennes 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)
8624 N. Himes Lenue Pol	box 271508
Tompa FL 33614 Ta	mpa FZ 33488
5/e/2011 LII	000054139
	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State	<u>-</u>
or state	<b>:</b> :
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
1208 W. Chaser Stireet	20
Tampa FZ FL 33402	DOZO AUG
(b)	G-6 AMIO: 49 AWASSEE, FIL
Enter name of NEW Registered Agent and/or NEW Registered Office address:	ASSS A IN
Anthony () Give	AMIO: 49 SEE, FIL
NEW Registered Office Address:	- PATE
8624 N. Homes Denue	
Tampa .FL 33614	
If the limited liability company is not organized under the laws of the State of Flor change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my diffusions of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.  Signature of Registered Agent	in 16 ml

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00