

L11000090915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
MAR 26 2014  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GenSol Diagnostics, 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:

Micah Halpern

\_\_\_\_\_  
Name of Person

GenSol Diagnostics, LLC

\_\_\_\_\_  
Firm/Company

3970 Chaplain Road

\_\_\_\_\_  
Address

Saint Cloud, FL 34772

\_\_\_\_\_  
City/State and Zip Code

mhalpern@gensoldx.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micah Halpern

at ( 321 )

482-8347

\_\_\_\_\_  
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:**

☒ \$25 Filing Fee

☐ \$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.*

1. Name of the limited liability company: GenSol Diagnostics, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

1601 New York Avenue

Saint Cloud, FL 34769

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

1601 New York Avenue

Saint Cloud, FL 34769

August 5, 2011

L11000090915

3. \_\_\_\_\_  
Date of filing/registration in Florida

4. \_\_\_\_\_  
Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Micah Halpern

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1601 New York Avenue

Saint Cloud, FL 34769

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Micah Halpern

**NEW** Registered Office Address:

3970 Chaplain Road

Saint Cloud, FL 34772

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Micah Halpern  
Signature of a member or authorized representative of a member

Micah Halpern

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Micah Halpern  
Signature of Registered Agent

APPROVED  
AND  
FILED  
14 MAR 24 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA