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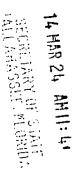
(Requesto	r's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Business	Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

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C. LEWIS
MAR 2 6 2014
EXAMINATER

## & COVER LETTER

TO: Registration Section  Division of Corporations							
SUBJECT:  GenSol Diagnostics, LLC  Name of Limited Liability Company							
name of Lif	miled Elability 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	<del></del>						
GenSol Diagnostics, LLC							
Firm/Company							
3970 Chaplain Road							
Address							
Saint Cloud, FL 34772							
City/State and Zip Code	<del></del>						
mhalpern@gensoldx.com							
E-mail address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please of	call:						
Micah Halpern 3	21 482-8347						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	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. N	ame of the limited liability company: GenSol Diag	nostics, l	LC				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Ma	iling address of limited Note: MAY BE POST	l liability co	mpany	:
	1601 New York Avenue		1601 New York Avenue				
	Saint Cloud, FL 34769		Saint Clou	ıd, FL 34769			
	August 5, 2011	L	.11000090	915			
3.	Date of filing/registration in Florida	4.	D	ocument number			
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State:				
	Micah Halpern						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	1601 New York Avenue				<u> </u>	7	
	Saint Cloud , Fl	L 34769				工艺	
					75.E	24	====
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1000 11	<del></del>		- 漢子( 門の		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addi	<u>'ess</u> :		···· (7·		
	Micah Halpern					AM	
	NEW Registered Office Address:				7.5		
	3970 Chaplain Road						
	Saint Cloud	L 34772					
the cha agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the limited of a member or authorized representative of a member	tws of the S of the regist iability con of the limit e limited lia	ered office a npany, it is hed liability of ability compand Halpern	and the business off nereby confirmed the company or as othe any.	fice of the hat the ch erwise pro	e regis ange(:	tered s)
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	e pertormai	n this capac nce of mv du	ity. I further agree ties, and I am fami	e to comp iliar with	and a	ccept