## L11000130941

(Requestor's Name)						
(Address)						
(Address)						
(//dd/033)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
· <del></del>						
Special Instructions to Filing Officer:						

Office Use Only



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Reinstatement - 2016



Am 1/25/17

## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporations					
our more	Genesis Outsorucing Solutions LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or I	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:						
Debjit Ruc	dra					
	Name of Person			_		
Genesis C	Outsourcing Solutions LLC					
	Firm/Company			_		
16915 sw	94th Ct.					
	Address	<del></del>		<u> </u>		
Miami, Flo	orida. 33157					
•	City/State and Zip Code			_		
Dave@Te	am-Genesis.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Debjit Rud	lra	78	6	930-0321		
	Name of Person	``` (	<del></del>	Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301		Reg Div P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Encl	Enclosed is a check for the following amount:					
<b>\$</b>	25 Filing Fee		<b>1</b> \$55	5 Filing Fee & Certified Copy		
INHS18 (2/14	<b>(</b> )	4	Li	W. new mate		

## 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.

. Na	me of the limited liability company: Genesis Outso	urcing Solution	ns LLC
. (a)	Debjit Rudra	(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)
	16915 sw 94th Ct	Same	
	Miami, Florida		
	November 14, 2011	L110001	30941
	Date of filing/registration in Florida	4.	Document number
. (a)	Debjit Rudra		
	Registered Agent and Registered Office shown on the records of the Genesis Outsourcing Solutions LLC	e Florida Dept. of Sta	PA TESISNED.
	Registered Office Address 16915 sw 94th Ct	DDRESS)	FA tesigned . ?
	Miami <sub>FI</sub> 3	33157	_ /
ַ (ס)	Debjit Rudra	OSi address	
	Enter name of NEW Registered Agent and/or NEW Registered Of Genesis Outsourcing Solutions	ottice audress.	The Comments of the Comments o
	NEW Registered Office Address:		
	16915 sw 94th Ct		
	Miami, FL_3	33157	- 0: 0 -
e chai gent w as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of ti ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered office pility company, it the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Debjit Rudra	1
Signati	ure of a member or authorized representative of a member		Printed or typed name of signee
ovisio e obli mere	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he in writing of this change.	e to act in this cap erformance of my for in Chapter 60 ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent