## 11400122598

(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
GENRE HOLDINGS LLC					
No	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and f	fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the f	following:			
JAY A. ODOM					
Name of Person	_	_			
GENRE HOLDINGS LLC					
Firm/Company		_			
PO BOX 1735					
Address					
DESTIN, FL 32540					
City/State and Zip Code	:	_			
caldrich@thejayodomgroup.com					
E-mail address: (to be used for future a	innual report notifi	ication)			
For further information concerning this matt	er, please call:				
Cindy Aldrich	850	654-4126			
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	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Enclosed is a check for the follow	ing amount:				
☑ \$25 Filing Fee	☑ \$25 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.

l. Nar	ne of the limited liability company: GENRE HOLD	DINGS, LLC	
	4652 GULFSTARR DRIVE	(b) PO BOX	( 1735
- (11) _	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DESTIN, FL 32541	DESTIN	, FL 32540
	08-05-2014	L1400012	22598
3.	Date of filing/registration in Florida	4.	Document number
5 (a)	BEASLEY, ROBERT O.		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State	F1LED 17 007 -4 PH 2: 53
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	\$ 1 F
	226 E. GOVERNMENT STREET		
	PENSACOLA, FL	32502	72.5
(b)	JAY A. ODOM  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- -
	NEW Registered Office Address:		_
	4652 GULFSTARR DRIVE	<u>-</u>	_
	DESTIN FL	32541	_
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offic- ability company, it in the limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
I here provisi the dbl to mer	ture or a member of sunfortzed representative of a member of sunfortzed representative of a member and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect archingle in the registered office address. I d in writing of this change.	ree to act in this cap performance of my d for in Chapter 60, hereby confirm that	racity I forther cores to comply with the
Signate	ire of Registered Agent		

FILING FEE: \$25.00

INHS18 (2/14)