LI6 0000 80124

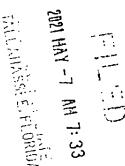
(Requestor's Name)							
(Address)							
(Add	lress)						
(City	//State/Zip/Phone #	r)					
PICK-UP	☐ WAIT	MAIL					
(Bus	iness Entity Name)					
(Document Number)							
Certified Copies	Certificates o	f Status					
Special Instructions to Filing Officer:							

Office Use Only



700365431587

05/07/21--01018--014 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	GENESIS CONTRACTORS LLC			
	Name of	Limited Liability Company		
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please	return all correspondence concerning this ma	tter to the following:		
WALTI	ER R URQUIA			
	Name of Person	· · · · · · · · · · · · · · · · · · ·		
GENES	SIS CONTRACTORS LLC			
	Firm/Company			
2237 PA	ANTUCKET DR			
	Address			
WESLE	EY CHAPEL FL,33543			
	City/State and Zip Code			
waltcon	n@outlook.com			
E-	-mail address: (to be used for future annual re	port notification)		
For furt	ther information concerning this matter, pleas	e call:		
WALTE	ER R URQUIA	813 464-4120		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amor	unt:		
	■ \$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: GENESIS CONT	RACTOR	RS LLC			
2. (a)		Œ	o)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE	limited liabili	ty company:
	2237 PANTUCKET DR		2237 PAN	NTUCKET DR		
	WESLEY CHAPEL FL,33543	<u> </u>	WESLEY	' CHAPEL FL,335	543	
	04/25/2016		L16000080	0124		
3.	Date of filing/registration in Florida	4.		Document num	nber	
5. (a)	WALTER R URQUIA					
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ute:		
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	Σ <u>i</u>		i=	
	2237 PANTUCKET DR				2921	
	WESLEY CHAPEL , FL	33543		_	2921 HAY	· · ·
(1.)					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	21 MAY -7 AM 7: 33	
	NEW Registered Office Address:			_		
	12421 N FLORIDA AVE SUITE 203			_		
	TAMPA	33612		_		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of celes of organization or the operating agreement of the	registere bility co f the lim limited li	ed office an mpany, it i ited liabilit	nd the business of shereby confirm by company or as a pull. DUIA	ffice of the ned that the s otherwise	registered change(s) provided in
	ture of a member or authorized representative of a member			Printed or typed n	-	
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	neriorma	mce of mic.	duties and Lam	Tamilian wi	th and account
Signatu	re of Registered Agent					