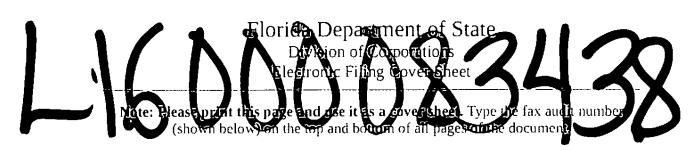
10/30/2024 05:49:34 PDT To: 18506176383 Page: 1/2 Fax: 8134365206



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

To:			
	Division of (	Corporations	
		: (850)617-6383	2024 OCT 30 SECHTENA 17 PERINA
From:			
	Account Name	: REGISTERED AGENTS INC.	<u> </u>
	Account Numbe	er : 120090000081	$\tilde{i}_{\ell}$
	Phone	: (307)200-2803	
	Fax Number	: (813)436-5206	ra <sub>col</sub>
<u> </u>		•	më I
, ऑस्ट्र 'पु.2G			
**Enter the	email address	for this business entity to be (	used for future
**Enter the annual	report mailing	s. Enter only one email address	please.**
<u>:</u>	Address:		
-			_

## LLC REGISTERED AGENT CHANGE **GENESIS 2 NATURALS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

OCT 3 1 2024

10/30/2024 05:49:34 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

## 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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. N	ame of the limited liability company: GENESIS 2 NA	TURALS, LLC		<del></del>				
2. (a)	7901 4th St N STE 300	(b) 79014	(b) 7901 4th St N STE 300					
_ ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company; (Note: MAY BE POST OFFICE BOX)  St. Petersburg FL 33702					
	St. Petersburg FL 33702	St. Peto						
	04/28/2016	L160000			·			
3.	Date of filing/registration in Florida	4.	Document number					
5. (a	PERRYMAN . AUDREY							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1746 E SILVER STAR RD	c.	e 2					
	Registered Office Address (MUST BE FLORIDA STREET	-4n	77 Z					
	SUITE 121	——————————————————————————————————————	2024 OCT 30					
	OCOEE . F	L 34761	ر - مبر	30 PK	17 * 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 7901 4th St N	ed Office address:		1:01				
	NEW Registered Office Address							
	STE 300	<del></del> -						
	St. Petersburg , F	Դ_33702						
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the State of of the registered of liability company. of the limited liab	fice and the business office it is hereby confirmed that ility company or as otherw	e of the r t the chai	egistered 1ge(s)			
/_/ Sign.	ature of a member or authorized representative of a member	Nat Smith	Printed or typed name of si					
I here provis the ob to men	thy 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 providely reflect a change in the registered office address, I d'in writing of this change.	te performance of n led for in Chapter ( I hereby confirm th	vanacity. I firether narve to	- o connlu	with the nd accept ring filed s been			
	- Assistant v	Secretary						
Signati	ure of Registered Agent							