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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00006023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE GENEROUS CAPITAL LLC

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Electronic Filing Menu Corporate Filing Menu

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JUN 07 2018

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0111 or 605.0116, Florida Statucs, 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.

(a)		(Is)			
(4)	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limite	d liability company:	
	1100 WEST A VENUE UNIT #820	1100	1100 WEST AVENUE UNFF #820		
	MIAMI BEACH, FL 33139	MIAN	MIAMI BEACH, FL 33139		
	12/13/2016	L16000	226571		
	Date of filing/registration in Florida	4.	Document number		
i. (a)					
. (44)	Registered Agent and Registered Office shown on the records of	The Florida Dept. of	State:		
	FIDUCIAL IADE INC			<u>ئ</u> م	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>	· ==	
	990 BISCAYNE BLVD OFFICE 701				
	Miumi	33139	<del></del>	<u>.</u>	
	Miumi , Fl			逐	
(b)					
(0)	Enter same of NEW Registered Agen; and/or NEW Registeres	l Office address;		6	
	C.T. Cours and so Su Ann			· •	
	C T Corporation System	<del></del>	<del></del>		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, FI	33324			
ie cha	imited liability company is not organized under the la orge or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	filhe registered a	ffice and the business or, it is hereby confirmed faility company or as oth company, and the company.	ffice of the motorie	
Sign	are of a member of authorized representative of a member	Arianne Plas  ree to act in this performance of			
Siega Jierel rovisio jie obli o inere otifica	A A		capacity. I further agre my duties, and I am fam 605, F.S. Or, if this do hat the limited liability (		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**