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COVER LETTER

то:	Registration Section Division of Corporations							
CI:DI	Genius Hospitality Solution L	Genius Hospitality Solution LLC						
SOBJE	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offic	e Change and fo	ee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the fo	ollowing:					
Jame	s Richards							
	Name of Person		-					
Geniu	us Hospitality Solution LLC							
	Firm/Company		uue.					
1914	Frankford Ave #1406							
	Address		_					
Pana	ma City, Fl. 32405							
	City/State and Zip Code		_					
•	m.rosalyn@yahoo.com							
F	-mail address: (to be used for future annu	al report notific	cation)					
For fur	ther information concerning this matter, p	olease call:						
Shaui	na Richards	954 at (496-0005					
	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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314					
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy					
INHST	8 (2/14)							

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 Na	me of the limited liability company: Genius Hospi	itality So	olution, LL	.C			
	1914 Frankford Ave #1406	(h	1914 Fra	ankford Ave #140)6		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("	/ <u></u>	Mailing address of limited (Note: MAY BE POST	Hiability co	mpany: B <i>OX</i>)	
	Panama City, FL. 32405		Panama	City, FI. 32405			
	01/29/2018		L1800002	25242			
3.	Date of filing/registration in Florida Rosalyn Graham	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			- e: -			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Unit #1406			-		18 F	
	Panama City FI	32405 L		-		EB 2	-
(h)	James Richards			.		Ø AM	! T :
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				25 25 25 25	6.1 6.1	<u></u>
	1914 Frankford Ave			_	ไปอล	6.1	
	NEW Registered Office Address:						
	Unit #1406			_			
	Panama City F	L32405		<u>-</u>			
the cha	imited 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 feles of organization or the operating agreement of the	iability c of the lir e limited	ompany, it i nited liabilit	is hereby confirmed by company or as oth hipany.	that the ch	nange(s)
/K	ture of a member or authorized representative of a member			Printed or typed name	of signee		
I here provisi the obli to mero notified	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to ac e perforn led for in I hereby c	et in this cap nance of mv Chapter 60. confirm that	pacity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ee to comp niliar with cument is company	nly with and ac being j has bee	the ccept filed en