L18000047765

(Requestor's Name)				
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(6), (6), (7), (9)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Submoss Link) Hamey				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming Officer.				

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: <u>Genesis</u> 360	LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
CHRISTINA MANNING Name of Person	
Firm/Company	
3491 KEENE LAKE DR. Address	
LARGO FL 33771	
City/State and Zip Code	
3 MANNING @GMAIL.COM	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
CHRISTINA MANNING	(727) 386-8698
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 amou	int:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



December 21, 2023

CHRISTINA MANNING GENESIS 360 LLC 3491 KEENE LAKE DRIVE LARGO, FL 33771

SUBJECT: GENESIS 360, LLC Ref. Number: L18000047765

We have received your document for GENESIS 360, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

1/2/1/

Letter Number: 523A00029043

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.

I. Na	me of the limited liability company: _Genes	is 3	60 LLC	
	3491 KEENE LAKE DR.	(b)	3491 KEENE L	AKE DR.
<u></u> (,	Principal office address of limited liability company:	_ (0)_	Mailing address of lin	nited liability company:
	(Note: MUST BE STREET ADDRESS) LARGO FL 33771		LARGO FL 3	<u>OST OFFICE BOX</u>) スフフ I
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			3///
	2/22/2018		L 1800001	17765
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LINITED STATES CORPORATION		·	
	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:	20
	Registered Office Address MUST BE FLORIDA STREET.	ADDRESS		. 22
	476 RIVERSIDE AVE	127711111111		1024 JAH 23 AH 10: 42
	LARGO JACKSONVILLE FL	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	74.200.	
	STICES STORY STORY STORY		#132002	10
(b)	Christina MANNING			£ 5
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>77</u> ;	
	3491 KFENE LAKE DR.			
	NEW Registered Office Address:			
		a-n-	- J	
	LARGO .FL	3377	//	
	mited liability company is not organized under the law			
agent w	or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia	bility comp	oany, it is hereby confirmed	d that the change(s)
the artic	re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	t the fimited limited liab	a nability company or as o ility company.	therwise provided in
	Ment has		HRISTINA MANNI	N6
-	ire of a member of authorized representative of a member		Printed or typed nam	•
neren provisio the obli	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he	ze to act in performanc l for in Cha	this capacity. I further ag e of my duties, and I am fa pter 605, F.S. Or, if this a	ree to comply with the miliar with and accept locument is being filed
to mere notified	ty reflect a change in the registered office address, I have in xiriting of this change.	ereby confi	rm inai ine umitea tiability	v company nas veen
Signatur	Fof Registered Agent			