## L19000260503

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## COVER LETTER

TO: Registration Section Division of Corporations	•					
GENESIS SECURITY, LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
Juan C. Ramos, Esq.						
Name of Person	<del></del>					
DMRA Law LLC						
Firm/Company	<del> </del>					
1111 Brickell Ave., Stc. 1550						
Address						
Miami, FL 33131						
City/State and Zip Code						
juan.ramos@dmralaw.com						
E-mail address: (to be used for future a	annual report notification)					
For further information concerning this matt	er, please cail:					
Juan C. Ramos	305 548-8666 at ( )					
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 followi	ng amount:					
■ \$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. Na	me of the limited liability company: GENESIS SECU	RITY, LI	LC	
2. (a)	7698 Municipal Drive	7698 Mu	Municipal Drive	
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  FL 32819
	Orlando, FL 32819	<b></b>	——————————————————————————————————————	11, 32017
	10/16/2019	<del></del>	L.1900026	0503
3.	Date of filing/registration in Florida	4.	-	Document number
5 (0)	Trembly Law Firm			
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of Sta	te:
	9700 S Dixie Hwy			_
	Registered Office Address (MUST BE FLORIDA STREET 2) PH 1100	<u> 4DDRES:</u>	<u>2)</u>	
		22156		- 20 YES
	Miami , FL	33156		
(b)	DMRA Law LLC			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	
	HH Brickell Ave.			AMILLES
	NEW Registered Office Address:			
	Ste. 1550			
	Miami • ,FL	33131		
change igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registerability confirmation from the limited	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signat	ure of a member or additionized representative of a member			Printed or typed name of signee
I herel provisio he obli o mere notifica Signatur	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete is gations of my position as registered agent as provided by reflect a change in the registered office address. I have the change in the registered office address. I have the change in the registered of the change.	ee to act perform I for in ( tereby c	in this cap ance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been