120000235499

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	/ /
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Ďo	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900371335289

08/13/21--01012--021 *+25.00



36/20/2021

COVER LETTER

TO: Registration Section Division of Corporations	•	<i>:</i>	å 4
·			,
Genius Capital Group SUBJECT:			
	Name of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted	for filing.
Please return all correspondence concerni	ng this matter to the f	following:	
Abdullah Muhammad			
Name of Person			
Genius Capital Group LLC.			
Firm/Company			
2630 W. Broward Blvd. Suite 203-1249			
Address			
Fort Lauderdale, Florida, 33312			
City/State and Zip C	ode		
abdullah@geniuscapitalgroup.com			
E-mail address: (to be used for futur	re annual report notif	ication)	
For further information concerning this m	natter, please call:		
Abdullah Muhammad	786 at (618-1199	
Name of Person		Area Code & Day	time Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	etion porations fallahassee e Street, Suite 810
Enclosed is a check for the follo	owing amount:		
■ \$25 Filing Fee	□ \$	55 Filing Fee & Cert	tified Copy
INHS18 (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.

. (a) <u>.</u>		_ (b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2780 NW 14th Court #1		2630 W.	Broward Blvd Suite#203-1249
	Fort Lauderdale, FL. 33311	_	Fort Laud	derdale, FL. 33312
	08/05/2020		1.20000235	5499
•	Date of filing/registration in Florida	4.		Document number
. (a)	Registered Agent and Registered Office shown on the records of t			<u> </u>
		he Flori	da Dept. of Sta	ate:
	LEGALING CORPORATE SERVICES INC.			<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRE	<u>5.5)</u>	
	5237 Summerlin Commons, Suite 400			
	Fort Myers	33907		MANUEL SPA S: 50
	Fort Myers, FL	v 		- _{最级}
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress:	- SE 50 'M
				3 R C
	Abdullah Muhammad			
	NEW Registered Office Address:			
	2780 NW 14th Court #1			_
	Fort Lauderdale #1	33311		
hange igent v vas/we	imited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liaere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability (of the li limited	ered office a company, it imited liabil	ind the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ntire of a member or authorized representative of a member	_		Printed or typed name of signee
, ,	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ee to a perfor d for in	ct in this ca mance of m Chapter 60	ipacity. I further agree to comply with the v duties, and I am Jamiliar with and accep 05, F.S. Or, if this document is being filed as the limited liability commony has been

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

1801010127

Signature of Registered Agent