## 621000/67216

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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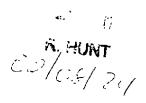


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CLAHASSEE, FLORI)



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Fonder's Printing - Them issue GA Arco

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GENEVA SPRINGS, LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1-4-1	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trnde/Service Mark
	Merger File 75
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
AP)	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

	istration Section ision of Corporations					
SUBJECT:	GENEVA SPRINGS LLC					
		Limited L	Liability Company			
Dear Sir or I	Madam:					
The enclose	d Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning this ma	itter to the	following:			
Jarred Elmar						
***	Name of Person	<del>.</del>				
The Geneva (	Group		Fig.			
	Firm/Company		— : س			
2150 SW 10t	h Street, Suite B					
	Address		m <sub>rs</sub>			
Deerfield Bea	ach, Florida 33442		OF LE			
	City/State and Zip Code	<del></del>				
jarred@genev	vagp.com					
E-mail	address: (to be used for future annual re	eport notif	leation)			
For further in	nformation concerning this matter, pleas	se call:				
Brian Abelow	at	954	323-1023			
	Name of Person	\ <u> </u>	Area Code & Daytime Telephone Number			
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	osed is a check for the following amo	unt:				
<b>□</b> \$2	25 Filing Fee	□ s:	\$55 Filing Fee & Certified 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.

2. (a)	2150 SW 10th Street, Suite B	(b)	2150 SW 10	th Street, Suite B		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-,	Ma	iling address of limit Note: MAY BE PO		
	Deerfield Beach, Florida 33442		Deerfield Bea	nch, Florida 33442		
	04/19/2021	 	.21000167216	,		
3.	Date of filing/registration in Florida	<sub>4.</sub> -	Do	ocument number		
5. (a)	COHEN, ADAM, ESQ					
( <del></del> )	Registered Agent and Registered Office shown on the records of c/o The Geneva Group	the Florida I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2150 SW 10th Street, Ste B					
	Deerfield Beach , FI	33442		Ţ.	ယ် (၁	
(p) (	(b) Brian M. Abelow, Esq.			SEE, FL	AM 10: 15	Ü
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Benson Mucci & Weiss Pl.	Office addr	ens:	FL FL	<u></u>	
	NEW Registered Office Address: 5561 N. University Drive, Suite 102					
	Coral Springs , FL	33067				
hange gent w vas/wer he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of less of organization or the operating agreement of the	registered bility com of the limite	office and the pany, it is he dead liability compared to the c	e business office reby confirmed to priparry or as other	of the r	egistered
Signatu	re of a member or authorized representative of a member		Pri	nted or typed name of	of signee	<del></del>
herek	y accept the appointment as registered agent and agri ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided y reflect a chappe in the registered office address, I h	ee to act in	this capacity	v. I further agree	to com	ply with th