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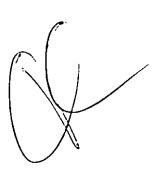


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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	GENIUS DA LA	ABEL LLC					
Name of Limited Liability Company							
Dear S	ir or Madam:						
The er	nclosed Registered Agent/Registered (Office Change and fee(s) are submitted fo	r filing.				
Please	return all correspondence concerning	this matter to the following:					
Michae	el Serrano						
	Name of Person						
ZenBu	siness Inc.						
	Firm/Company						
336 E.	College Ave. Suite 301		2				
	Address		2023 HAY -4 FILIZ: 20				
Tallah	assec, FL 32301		AY -				
	City/State and Zip Cod	e	. .				
	enbusiness.com		112				
	E-mail address: (to be used for future	annual report notification)	: 20				
For fu	rther information concerning this mat	ter, please call:					
Michae	el Serrano	844 493-6249 at ()					
	Name of Person		ne Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 32	rations lahassee Street, Suite 810				
	Enclosed is a check for the follow	ing amount:					
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certifi	ed 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.

1. N	ame of the limited liability company:GENIU	JS DA I	LABEL LLC		
2. (a)	9734 NW 7TH CIRCLE APT 622	(b) 9734 NW 7TH CIRCLE APT 622			
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) PLANTATION, FL 33324		
	PLANTATION, FL 33324	<u> </u>			
	10/24/2022	 1.2	20001455349		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	WOODLAND, RAYSHAWN				
	Registered Office Address (MUST BE FLORIDA STREET ADDR				
	9734 NW 7TH CIRCLE APT 622				
	Registered Office Address (ST BE FLORIDA STREET ADDRES				
	• • • • • • • • • • • • • • • • • • • •		702		
	PLANTATION, FL	33324		1 - AVH E202	
	ZenBusiness Inc				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>:58</u> :	= :	
	336 E. College Ave. Suite 301		P;; 12: 20		
	NEW Registered Office Address:				
	Tallahassee	32301			
	FL.				
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered bility comp f the limite	office and the business office of pany, it is hereby confirmed that d liability company or as other positive company.	f the registered it the change(s) wise provided in	
/s/ Rayshawn Woodland Signature of a member or authorized representative of a member			Rayshawn Woodland Printed or typed name of signee		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h	ee to act in performand I for in Cha pereby conf	this canacity. I further agree t	o comply with the	