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| | (Red | questor's Name) | |
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| | (City | //State/Zip/Phon | e #) |
| PICK-L | ΙΡ | WAIT | MAIL |
| | (Bus | siness Entity Na | me) |
| | (Doc | cument Number |) |
| Certified Copies | | Certificate | s of Status |
| Special Instruction | ns to f | Filing Officer: | |
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Office Use Only



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COVER LETTER

INHS18 (2/14)

| TO: | Registration Section Division of Corporations | | · | | | | | | |
|----------|--|--|---|--|--|--|--|--|--|
| SUBJI | Genesis Landscaping & Maintenance, L | | | | | | | | |
| 00201 | Name of Limited Liability Company | | | | | | | | |
| Dear S | ir or Madam: | | | | | | | | |
| The en | closed Registered Agent/Registered Office | hange and fee(s) are submitted | for filing. | | | | | | |
| Please | return all correspondence concerning this n | tter to the following: | | | | | | | |
| Chistin | e Rodriguez | | | | | | | | |
| | Name of Person | | | | | | | | |
| | Firm/Company | | | | | | | | |
| 2106 S | Cypress Bend Drive Apt 505 | | | | | | | | |
| | Address | | | | | | | | |
| Pompar | no Beach FL 33069 | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| Accoun | ting@GenesisLandM.com | | | | | | | | |
| Е | -mail address: (to be used for future annual | eport notification) | | | | | | | |
| For fur | ther information concerning this matter, ple | se call: | | | | | | | |
| Christin | ne Rodriguez | 954 973-9695 | | | | | | | |
| | Name of Person | Area Code & Dayt | ime Telephone Number | | | | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Secondivision of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL. | orations Illahassee Street, Suite 810 | | | | | | |
| | Enclosed is a check for the following am | unt: | | | | | | | |
| | ■ \$25 Filing Fee | S55 Filing Fee & Certi | fied 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. N | ame of the limited liability company: Genesis Landscapi | ng & l | Mai | ntenance, I | LC | |
|---------------------------------|--|---|------------------------------|---|--|--|
| 2. (a) | | | (b) | | | |
| (, | Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) | | , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 1777 Blount Road Suite 510 | | | | | |
| | Pompano Beach FL 33069 | <u> </u> | | | | |
| | 11/7/22 | | Ł | 22000477 | 12 L22000477772 | |
| 3. | Date of filing/registration in Florida | 4. | _ | | Document number | |
| 5. (a) | Christopher J Ventrice | | | | | |
| 7. (a) | Registered Agent and Registered Office shown on the records of the | - e: | | | | |
| | Christopher J Ventrice | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | _ | | | | |
| | 1777 Blount Road Suite 510 | | | | | |
| | Pompano Beach , FL | 33069 | | | | |
| (b) | Christine Rodriguez | | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | | | | | |
| | Christine Rodriguez | | | | 5 PHIZ: 45 | |
| | NEW Registered Office Address: | | | | - FE 22 | |
| | 2106 S Cypress Bend Drive Apt 505 | | | | _ | |
| | Pompano Beach | 33069 | | | | |
| thange igent vas/w he 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 lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | egiste oility of the li imited | ered con imit d lia | office and pany, it is ed liability | d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. | |
| Signa | iture of a member or authorized representative of a member | | | | Printed or typed name of signee | |
| povis he obi o mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of myposition as registered agent as provided elvereflect a change in the registered office address, I had in writing of this change. | e to ac erfori for in ereby | ct ii man Ch con | n this cape ce of my e apter 605 firm that i | acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | |
| Signati | ire of Registered Agent | | | | | |