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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	1200000	00195	
		REFERENCE	:	840068	7681421	
		AUTHORIZATION	:		<u> </u>	
		COST LIMIT	:	\$ 25,000	Nota men	
ORDER	DATE :	December 16, 202	 -	<i>(</i> /\		
ORDER	TIME :	12:22 PM				
ORDER	ио. :	840068-046				
CUSTOM	ER NO:	7681421				
		CHANGE OF A	GEN	<u></u> <u>T</u>	- 	
	NAME:	GENXFINANCIAL	, L	LC		
PLEASE	RETURN	THE FOLLOWING AS	PR	OOF OF F	TLING:	
XX		FIED COPY STAMPED COPY				

EXAMINER:

CONTACT PERSON: Amanda Miller -- EXT#

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:	CIAL, LLC			 -	
2	(a)		(I	h١			
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Ο,	۸	failing address o	of limited liability company: BE POST OFFICE BOX)
		12575 FARADAY LANE			12575 FAF	RADAY LANE	
		ORLANDO, FL 32827			ORLANDO	D, FL 32827	
		09/26/2023		L	_23000447	039	
3.		Date of filing/registration in Florida	4.			Document nu	mber
5.	(a)						
	` '	Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC	:	7 20			
		Registered Office Address (MUST BE FLORIDA STREE			2021, DEC TALLAH		
		1615 WOODWARD ST					DEC I
		ORLANDO , F	32803				ς, α
							70
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:							2: 3
							<u> </u>
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee, F	L 32301				
cha	nge	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited	ne registere	ed	office and	the business	office of the registered
wa	s/we	re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the lin	ıit	ed liability	company or	
/s/ Philip K. Calandrino, Authorized Person							
Signature of a member or authorized representative of a member Printed or typed name of signee							
1 h pro the to i noi	erek ovisio obli nere ifiea	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address, I I in writing of this change.	gree to act e perform led for in (I hereby co	t ir an Ch on	this capa ce of my d apter 605, firm that th	city. I further uties, and I at F.S. Or, if the he limited liab	r agree to comply with the m familiar with and accept his document is being filed bility company has been
Çi.	\mathcal{I}	e of Registered Agent	GRACE E.	. K	URBY, AS	SST. VICE PE	RESIDENT