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COVER LETTER

TO: Registration Section Division of Corporations

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GENESIS INVESTMENT ADVISORS LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGO REGO

Name of Person

GENESIS INVESTMENT ADVISORS LLC

Firm/Company

355 ALHAMBRA CIR, STE 1550

Address

CORAL GABLES, FL 33134

City/State and Zip Code

Rodrigo.Rego@genesisia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO REGO	786 at (866-3773
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Prologed is a shark for the follow		

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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)	355 ALHAMBRA CIR, STE 1550	(b) ³	355 ALHAMBRA CIR, STE 1550
,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(1) _	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	CORAL GABLES, FL 33134	C	CORAL GABLES, FL 33134
	12/04/2002)2000003211
	Date of filing/registration in Florida	4.	Document number
. (a)	CT CORPORATION SYSTEM		
- ()	Registered Agent and Registered Office shown on the records of 1200 S. PINE ISLAND RD. Registered Office Address (MUST BE FLORIDA STREET		:pt. of State:
	PLANTATION F		~ <u>~</u>
			0.00
(b)	RODRIGO REGO		Ę ·
(b)	RODRIGO REGO Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	
(b)		d Office addre	5
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	JUII 25 NH 9: 29
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 355 ALHAMBRA CIRCLE, STE 1550		AH 5: 29
the l hange gent v as/we	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 355 ALHAMBRA CIRCLE, STE 1550 <u>NEW</u> Registered Office Address:	L 33134 ws of the Sta e registered of iability comp of the limited e limited liab	ate of Florida, it is hereby confirmed that after office and the business office of the registered hany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in

provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

 (\mathbf{w}) . Signature of Registered Agent

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