

MD 1000 001 569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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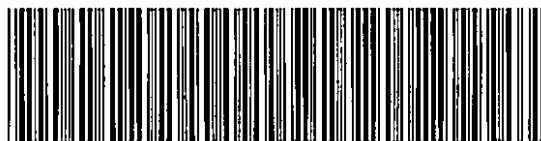
(Business Entity Name)

(Document Number)

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FALL 10/10/2019

OCT 10 2019

F SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ **GENUINE SCOOTERS LLC** _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jourdan Cerrillo

Name of Person

DoMyLLC.com, LLC

Firm/Company

5716 Corsa Ave., Ste. 110

Address

Westlake Village, CA 91362-7354

City/State and Zip Code

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

For further information concerning this matter, please call:

Jourdan Cerrillo

Name of Person

at (818) 264-4266

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified 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. Name of the limited liability company: GENUINE SCOOTERS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2700 W Grand Ave 2700 W Grand Ave
Chicago, IL 60612 Chicago, IL 60612

3. 03/15/2007 4. M07000001569
Date of filing/registration in Florida Document number

5. (a) NRAI SERVICES, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and or NEW Registered Office address:

NEW Registered Office Address:
17888 67th Court North
Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

✓ Sarah A Miyashiro
Signature of a member or authorized representative of a member

Sarah A Miyashiro, Regulatory and Compliance Assistant
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, 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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Steven Pickett
Signature of Registered Agent Steven Pickett, on behalf of InCorp Services, Inc

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

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19 OCT 10 AM 11:18
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS