Division of Corporations Electronic Filing Cover Shect

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

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Email Address:

LLC REGISTERED AGENT CHANGE GENESIS COLLABORATION, LLC

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Corporate Filing Menu

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COVER LETTER

STER TEA	genesis collaboration, LLC					
€ نؤار فاخمه دمه در.	CT: Name of Limited Liability Company					
Dear Sir	or Madam:					
The engl	losed Registered Agent/Rogistared Office	Change and fee(s) are submitted for filing.				
	then all correspondence concerning this i					
1 10000 YE	in an our espendence concerning this i	maries to the settowing.				
	Name of Person					
CT Corp						
	Firm/Company					
1200 Sou	th Pine Island Road					
~- <u></u> -	Address					
Plantatio	n, FL 33324					
	City/State and Zip Code					
E-n	nail address: (to be used for future annual	report notification)				
	nail address: (to be used for future annual	•				
	er information concerning this matter, ple	ease call:				
	er information concerning this matter, ple	ease call;				
For furth	Name of Person STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number				
For furth	Name of Person STREET/COURIER ADDRESS: Registration Section	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section				
For furth	Name of Person TREST/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations				
For furth	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				
For furth	Name of Person TREST/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations				
For furth S F I C 2	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
For furth	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Caltabassec, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

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.

(a)	11680 Great Oaks Way, Suite 170 Alpharetta, GA 30022 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _ _	11680 Great Oaks Way, Suite 176 Alpha Mailing address of limited liabilis (Note: MAY RE POST OF File	y company:
	09/26/2012	_	м	112000005399	
	Date of filing/registration in Florida	4.		Document number	
(a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of t			Dept. of State:	
	Registered Office Address OMUST BE FLORIDA STREBTA	DUKKS	<u>2</u> 7		
			_		4
	TALLAHASSEE FL	32301-	252	25 —	ر المعلق
	C T Corporation System				4 JUE 29
(b)	Enter name of NEW Restatored Agent and/or NEW Registered	Office a	ldr	<u> </u>	3
				-	
					Ģ.
	NEW Ragisland Office Address:				رب رب
	1200 South Pine Island Road				
	Plantation, FL	33324			
: cha ent w us/we	mited liability company is not organized under the law age or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his are authorized by an affirmative vote of the members of clear of organization or the operating agreement of the	the reg bility of f the lif limited	iste om nite lial	ered office and the business office of spany, it is hereby confirmed that the ed liability company or as otherwise	the registered change(s)
Signat	ure of a member or authorized representative of a member			Printed or typed name of rigner	
hereb Ovisio Dobli Mere Hillen	by occept the appointment as registered agent and agroups of all statutes relative to the proper and complete leations of my position as registered agent as provided by reflect a change in the registered office address, I find writing of the change in the registered office address, I for the change in the registered of the address of the change in the registered of the address of the change in the registered of the address of the change in the registered of the address of the change in the registered of the address of the change in the registered of the register	ee to ac perform i for in tereby c	t in can Chi	n this capacity. I further agree to co nce of my duties, and I am familiar w tapter 605, F.S. Or, if this document firm that the limited liability campai	mply with the ith and accep is being filed ny has been

Division of Corporations: P.O. Box 6327. Talinhussec, FL 32314
Filling FEE: \$25.00

INHS18 (2/14)