Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:	
CINOTT	MUUI CJJ.	

LLC REGISTERED AGENT CHANGE GENERATIONAL EQUITY, LLC

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Generational Equity, LLC

Name of Limited Liability Company

Dear Sir or Madam:

INHS18 (2/14)

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

Please return all correspondence concerning this matter to the following:

Mary Castillo		
Name of Person	•	-
Registered Agent Solutions, Inc.		
Firm/Company		-
1701 Directors Blvd, Suite 300		
Address		-
Austin, TX 78744		
City/State and Zip Code		-
E-mail address: (to be used for future and	nual report notific	ation)
For further information concerning this matter	, please call:	
Mary Castillo	888	705-7274
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:		ILING ADDRESS:
5		stration Section
		sion of Corporations Box 6327
C		phassee, Florida 32314
Tallahassee, Florida 32301	Tana	massee, Florad 32314
Enclosed is a check for the following	g 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

1. Na	me of the limited liability company: Genera	tiona	al Equity, LLC
2. (a)	3400 N. CENTRAL EXPRESSWAY, SUITE	100	(b) 3400 N. CENTRAL EXPRESSWAY, SUITE 10
(,	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	RICHARDSON, TX 75080		RICHARDSON, TX 75080
	7/23/2014		M14000005214
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION		
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAN Registered Office Address (MUST BE FLORIDA STREE	DRO	OAD
			Ac 23
	PLANTATION ,	_L 333	
(b)	Registered Agent Solutions	s, Inc	مقر ج
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	· · · · · · · · · · · · · · · · · · ·
	155 Office Plaza Dr.		9: 32 STATE LORID
	NEW Registered Office Address: Suite A		
	Tallahassee	_L 323	301
If the l	imited liability company is not organized under the	aws of th	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.

/s/	Ryan Binkley	. 55	Rvan Binklev	Manager
		ived representative of a member		vned 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this above. notified in writing of this change.

Signature of Registered Agent Mackenzie Hart, Asst. Secretary