Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

9

Account Name : REGISTERED AGENT SOLUTIONS INC

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

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

Email Address:_____

LLC REGISTERED AGENT CHANGE GENSTONE, LLC

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Genstone, LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zachary Ysais
Name of Person
De la la Alexanda Calentia na Ilana
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 annual report notification)
For further information concerning this matter, please call:
Zachary Ysais at (888) 705-7274
Name of Person Area Code & Daytime Telephone Num
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
INHS18 (2/14)

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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: Gens	stone, LLC
2. (a) 8001 WOODLAND CENTER BLVD., S	TE 100 (b) 8001 WOODLAND CENTER BLVD., STE 100
Principal office address of limited liability compa. (Note: MUST BE STREET ADDRESS) TAMPA, FL 33614	
5/29/2019	M1900005241 Document number
3. Date of filing/registration in Florida	4. Document number
5. (a)	
Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS) TALLANDRASSI THE STREET ADDRESS)
(b) Registered Agent Solution	ons, Inc.
Enter name of NEW Registered Agent and/or NEW Reg	eistered Office address:
155 Office Plaza Dr.	el La
NEW Registered Office Address:	
Suite A	
Tallahassee	32301
the change or changes are made, the Florida street add agent will be identical. Or, in the case of a Florida lim	the laws of the State of Florida, it is hereby confirmed that after lress of the registered office and the business office of the registered nited liability company, it is hereby confirmed that the change(s) nbers of the limited liability company or as otherwise provided in of the limited liability company.
s/ Donna Hartzler	Donna Hartzler Manager
Signature of a member or authorized representative of a member	
provisions of all statutes relative to the proper and cou the obligations of my position as registered agent as p to merely reflect a change in the registered office addi notified in writing of this change.	and agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed tress, I hereby confirm that the limited liability company has been stary
Mackenzie Hart, Asst. Secre Signature of Registered Agent	