

M20000000257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

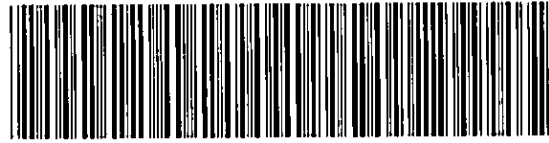
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR -3 AM 9:56  
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SECRETARY



2021 MAR -3 PM 1:59  
OFFICE OF STATE  
SECRETARY

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 687374 4804470  
AUTHORIZATION : *Spuddelema*  
COST LIMIT : \$ 25.00

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ORDER DATE : March 2, 2021  
ORDER TIME : 10:43 AM  
ORDER NO. : 687374-005  
CUSTOMER NO: 4804470

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CHANGE OF AGENT

NAME: GEN3 MARKETING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gen3 Marketing 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:

Todd Greenspan

\_\_\_\_\_  
Name of Person

Gen3 Marketing

\_\_\_\_\_  
Firm/Company

960B Harvest Drive, Suite 210

\_\_\_\_\_  
Address

Blue Bell, PA 19422

\_\_\_\_\_  
City/State and Zip Code

tgreenspan@gen3marketing.com

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

For further information concerning this matter, please call:

Todd Greenspan

\_\_\_\_\_  
Name of Person

at ( 610 ) 500 - 0999

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Gen3 Marketing LLC
2. (a) 960B Harvest Drive, Suite 210, Blue Bell, PA 19422  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*
- (b) 960B Harvest Dr., Ste. 210, Blue Bell, PA 19422  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*
3. 01/07/2020 Date of filing/registration in Florida
4. M20000000257 Document number

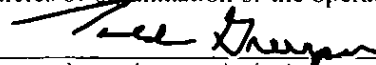
5. (a) COGENCY GLOBAL INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
115 N. CALHOUN ST., STE. 4  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- Corporation Service Company  
**NEW Registered Office Address:**  
1201 Hays Street  
Tallahassee, FL 32301


2021/11/17 - 3 AM 9:56  
 DIVISION OF STATE  
 TALLAHASSEE, FL  
 END

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.

  
Signature of a member or authorized representative of a member

Todd Greenspan  
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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent