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COVER LETTER

Division of Corporations	
Genmark, LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Carol Krege!	
Name of Person	
Kelleher Holland, LLC	
Firm/Company	
102 S. Wynstone Park Drive	
Address	
North Barrington, IL 60010	
City/State and Zip Code	
ckregel@kelleherholland.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	n:
Carol Kregel 847)
Name of Person	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

INHS18 (2/14)

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.

2. (a)	102 S. Wynstone Park Drive	C	b)	S. Wynstone Park	. Drive
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	_	ess of limited liability company: AY BE POST OFFICE BON
	North Barrington, IL 60010		Nort	h Barrington, IL	
		-			
	3/19/2021	_	M210	000004102	
3 .	Date of filing/registration in Florida	- 4.		Document	number
i. (a)	Michael Gnesin				
, (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. o	of State:	
	110 SE 6th Street				
	Registered Office Address (MUST BE FLORIDA STREET.	1DDRES.	<u>S)</u>		
	Suite 1729				202 35
	Fort Lauderdale , FL	33301			3.14
(b)	Darren Mills				TARY O
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				POZBLIAN TO PHIZ: 07 NALLANASSEE, FL
	1100 5th Avenue South				
	NEW Registered Office Address:				1,,,
	Suite 410				
	Naples F1	34102			
hange gent w vas/we he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the cure of amember authorized representative of a member	registero bility co f the lim limited l	ed offic impany iited lia iability	ce and the busing y, it is hereby co ability company y company. Kelleher, Jr.	ess office of the registered nfirmed that the change(s)
rovisi he obli o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I lim writing of this change.	ee to act perform I for in (ereby co	in this ance of hapter onfirm	s capacity. I furt f my duties, and r 605, F.S. Or, i that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been