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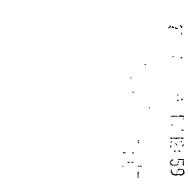
(Re	questor's Name)	
(Ad	dress)	
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(Cît	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u>. </u>

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08/05/24

COVER LETTER

	gistration Section ision of Corporations						
SUBJECT:	GENESIS HOME SOLUTIONS	LLC					
3011315.01		Name of Limited Liability Company					
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered C	Office Change and	fee(s) are submitted	for filing.			
Please retur	n all correspondence concerning	this matter to the	following:				
RICHARD	BLANKENSHIP						
	Name of Person						
GENESIS I	IOME SOLUTIONS LLC						
	Firm/Company			•~ ? •			
13859 SOFT	TWIND TRAIL N) 			
	Address						
JACKSON	/ILLE FL 32224			~) .:			
	City/State and Zip Code	e		: 12: 59 :			
info@genes	ishomesolutions.net			٠, ن			
E-mai	l address: (to be used for future a	innual report notif	fication)				
For further	information concerning this matt	er, please call:					
RICHARD	BLANKENSHIP	904 at (800-9276				
	Name of Person	(Area Code & Dayt	ime Telephone Number			
Re Div P.C	niling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the follow	ing amount:					
	\$25 Filing Fee	□ s	355 Filing Fee & Certi	fied Copy			
INHS18 (2/1	[4]						

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.

L. Na	ame of the limited liability company: GENESIS HOM	E SOLUT	TONS LLC	C
2. (a)		a	p)	
` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	13859 SOFTWIND TRAIL N		13859 S0	SOFTWIND TRAIL N
	JACKSONVILLE, FL. 32224		JACKSC	ONVILLE, FL 32224
	09/18/2023		M2300001	012432
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of NCH REGISTERED AGENT	the Florida	a Dept. of St	itate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u> <u>V)</u>	
	390 NORTH ORANGE AVE., STE. 2300-N			
	ORLANDO , FI	32801 L	-	
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office ad	<u>dress</u> :	. <u>.</u>
	RICHARD BLANKENSHIP			- නි
	NEW Registered Office Address:			<u> </u>
	13859 SOFTWIND TRAIL N			
	JACKSONVILLE, FE	32224		
change agent w was/we the artic	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liest authorized by an affirmative vote of the members of cless of organization or the operating agreement of the TEB lakeraking agreement of a member or authorized representative of a member.	registere ability co of the lim limited l	ed office arompany, it nited liabili iability con	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. ANKENSHIP
				Printed or typed name of signee
provisio the obli to mere notifica	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change. [CES laken h. 8/1/24]	ree to act performa d for in C hereby co	in this cap ince of my Thapter 60, infirm that	ipacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed it the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent