

1123000012432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. HUNT  
08/09/24

COVER LETTER

8/7/24

TO: Registration Section  
Division of Corporations

SUBJECT: GENESIS HOME SOLUTIONS 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:

RICHARD BLANKENSHIP

Name of Person

GENESIS HOME SOLUTIONS LLC

Firm/Company

13859 SOFTWIND TRAIL N

Address

JACKSONVILLE FL 32224

City/State and Zip Code

info@genesishomesolutions.net

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

For further information concerning this matter, please call:

RICHARD BLANKENSHIP

904

800-9276

at ( )

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

**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: GENESIS HOME SOLUTIONS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

13859 SOFTWIND TRAIL N

JACKSONVILLE, FL 32224

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

13859 SOFTWIND TRAIL N

JACKSONVILLE, FL 32224

09/18/2023

M23000012432

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NCH REGISTERED AGENT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 NORTH ORANGE AVE., STE. 2300-N

ORLANDO, FL 32801

(b) \_\_\_\_\_

Enter name of NEW Registered Agent and/or NEW Registered Office address:

RICHARD BLANKENSHIP

NEW Registered Office Address:

13859 SOFTWIND TRAIL N

JACKSONVILLE, FL 32224

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.

RE Blankenship

Signature of a member or authorized representative of a member

RICHARD BLANKENSHIP

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.*

RE Blankenship

Signature of Registered Agent

8/7/24

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

FILING FEE: \$25.00