P01000088520

(Re	questor's Name)	<u> </u>
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TALLAHASSEE, FINDER,

R.A. Change

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GENESIS TECHNOLOGY GROUP, INC. (Name of Corporation)
DOCUMENT NUMBER: P01000088520
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VARILETTIC DOMEL COO
YAPHETT K. POWEL, ESQ. (Name of Contact Person)
(Name of Contact Person)
RICHARDSON & PATEL LLP (Firm/Company)
10900 WILSHIRE BLVD., SUITE 500 (Address)
LOS ANGELES, CALIFORNIA 90024
(City/State and Zip Code)
For further information concerning this matter, please call:
YAPHETT K. POWEL; ESQ. at (310) 208-1182 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ${}^{\prime\prime}$

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of FLORIDA change its registered office or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: GENESIS TECHNOLOGY GROUP, INC.
	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of FLORIDA change its registered office or registered agent, or both, in the State of Florida. orporation: GENESIS TECHNOLOGY GROUP, INC. re address: 7900 GLADES ROAD, SUITE 420, BOCA RATON FL 33432
3. The mailing addre	ess (if different):
4. Date of incorporat	ion/qualification: 08/15/2001 Document number: P0100008520
5. The name and stre Florida Departmen	ret address of the current registered agent and registered office on file with the nt of State:
wo	DLFSON, GARY
790	00 GLADES ROAD, SUITE 420
ВО	CA RATON, FL 33432
6. The name and stre (if changed):	et address of the new registered agent (if changed) and /or registered office
EL	SA SUNG
<u>164</u>	43 ROYAL GROVE WAY, WESTON, FLORIDA 33327
WE	(P.O. Box NOT acceptable) ESTON, FLORIDA 33327
mus c	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was au authorized by the bo	thorized by resolution duly adopted by its board of directors or by an officer so eard, or the corporation has been notified in writing of the change.
(Signature of a	CAO WUBO, CHIEF EXECUTIVE OFFICER (Printed or typed name and title)
I hereby accept the a I further agree to co of my duties, and I a document is being fi corporation has been	appointment as registered agent and agree to act in this capacity, inply with the provisions of all statutes relative to the proper and complete performance with familiar with and accept the obligation of my position as registered agent. Or, if this led merely to reflect a change in the registered office address, I hereby confirm that the in notified in writing of this change.
(Signature (ELSA (I signing on behalf	(Date) (Date) (Date)
(Туред с	or Printed Name)

MARE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)