## P0300011871

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
	,				
<u> </u>					



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10/25/04--01040--011 \*\*35.00

4 OCT 25 FN 4: 0

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## **COVER LETTER**

Division	of Corporations		
SUBJECT:	Genico, Inc.		
5050E011	(Name of co	rporation)	
DOCUMENT N	NUMBER: P03000071877	k 122 \$	
The enclosed Sta	atement of Change of Registered Office	/Agent and fee are submitted for filin	g.
Please return all	correspondence concerning this matter	to the following:	04 OCT 25 PM 4: 05
	Dale Barnett		影了?
	(Name of con	lact person)	SSEE.
_	Arnold, Matheny & Eaga		
	(Firm/Co	mpany)	10 m
	801 N. Magnolia Avenu	ie, Suite 201	
	(Addr	ess)	±
· ••	Orlando, Florida 32803		
	(City/state an	d zip code)	,
For further infor	mation concerning this matter, please c	all:	
Г	Dale Barnett	at (407) 841-1550 (Area code & daytime telephon	
(	Name of contact person)	(Area code & daytime telephon	e number)
Enclosed is a \$3	5.00 check made payable to the Departs	ment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

CR2E045(6/04)

Amendment Section

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted fo	r a corporation organiz	607.1508, or 617.1508, ed under the laws of the	State of Florida
	·	istered office or registere Genico, Inc.	ed agent, or both, in the	State of Florida.
1. The name of the	he corporation:			
2. The principal	office address:	6869 Stapoint Cou	······································	to Ar
		Winter Park, Florid	la 32792	A SA A DESCRIPTION OF THE PROPERTY OF THE PROP
3. The mailing ac	ddress (if different)	):(same)		3000
4. Date of incorp	oration/qualification	on: 6/27/03	Document number:	P03000071877
	street address of the timent of State:	he current registered age	ent and registered office o	on file with the
	Gary W.	Haberland		200
	4630 S	outh Kirkman Road, Su	uite 806	DOT 2
	Orlando	o, Florida 32811		ASSI ASSI
6. The name and (if changed):	5869 St	apoint Court, Suite 114 (P.O. Box NOT acceptable) Park, Florida 32792	of changed) and for regis	95 9
The street addre as changed will	ss of its registered be identical.	office and the street ac	ddress of the business of	ffice of its registered agent,
17.	^		by its board of directors fied in writing of the ch	
X 1	In P		Gary W. Haberland, P	
I hereby accept I further agree to of my duties, and document is bein corporation has	o comply with the	is registered agent and provisions of all statut ih and accept the oblig reflect a change in the writing of this change.	agree to act in this cape les relative to the proper	r and complete performance registered agent. Or, if this ss, I hereby confirm that the
If signing on bel	half of an entity:			
Gary W. H	aberland			
(Ī)	yped or Printed Name)		The state with an analysis	PART TO THE SECOND STATE OF THE SECOND STATE O

\* \* \* FILING FEE: \$35.00 \* \* \*