## P09000046287

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| ,                                       |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| ·                                       |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

RAChange Juers 3-3-10

## **COVER LETTER**

| то:   | Amendment<br>Division of   | Section<br>Corporations             |   |                 |  |  |
|---|--|-------------------------------------|---|-----------------|--|--|
| SUBJECT:                                      |  |                                     | nesis Inc<br>e of Corporation           |                 |  |  |
| DOC   | UMENT NUM  | ,                                   | P09000046287                            |                 |  |  |
|   |  |                                     | Office/Agent and fee are submitted f    | ar filing       |  |  |
|   |  |                                     | _                                       | or ming.        |  |  |
| Please  | e return all com   | respondence concerning this         | matter to the following:                |                 |  |  |
|   |  |                                     |   |                 |  |  |
|   |  | E                                   | liana Marty<br>of Contact Person        |                 |  |  |
|   |  | Name (                              | of Contact Person                       |                 |  |  |
|   | Gennesis Inc   |                                     |   |                 |  |  |
| Firm/Company                                  |  |                                     |   |                 |  |  |
|   |  |                                     |   |                 |  |  |
|   | 3319 Cleveland ave   |                                     |   |                 |  |  |
|   | Address  |                                     |   |                 |  |  |
|   |  |                                     |   |                 |  |  |
|   | Fort Myers, Fl. 33901  |                                     |   |                 |  |  |
| Fort Myers, Fl. 33901 City/State and Zip Code |  |                                     |   |                 |  |  |
|   | martylatino@hotmail.com  |                                     |   |                 |  |  |
|   | E-mail address: (to be used for future annual report notification) |                                     |   |                 |  |  |
|   |  |                                     |   |                 |  |  |
| For fu  | rther informati  | on concerning this matter, pl       | ease call:                              |                 |  |  |
|   |  | Eliana Marty                        | 220                                     | 404.0400        |  |  |
|   | Name   | Eliana Marty<br>e of Contact Person | at ( 239 ) Area Code & Daytime T        | elephone Number |  |  |
|   |  |                                     | ·                                       | •               |  |  |
| Enclo   | sed is a \$35.00   | check made payable to the D         | Department of State.                    |                 |  |  |
|   |  | Mailing Address:                    | Street Address:                         |                 |  |  |
|   |  | Amendment Section                   | Amendment Section                       | า               |  |  |
|   |  | Division of Corporatio              | •                                       | ations          |  |  |
|   |  | P.O. Box 6327                       | Clifton Building                        |                 |  |  |
|   |  | Tallahassee, FL 32314               | 2661 Executive Ce<br>Tallahassee, FL 32 |                 |  |  |



February 19, 2010

ELIANA MARTY GENNESIS INC 3319 CLEVELAND AVE FORT MYERS, FL 33901

SUBJECT: GENNESIS INC Ref. Number: P09000046287

We have received your document for GENNESIS INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 310A00004172

Thelma Lewis
Document Specialist Supervisor

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1.<br>ange is submitted for a corporation organized una<br>er to change its registered office or registered age.   | ler the laws of the State of   | Florida               |
|---|---|--|-----------------------|
| -   | the corporation: Gennesis Inc   | m, or both, in the situe of  | i toriuu.             |
| 2. The principal  | l office address: 3319 Cleveland ave. Fort N  | Myers, Fl. 33901   |                       |
| 3. The mailing a  | address (if different); Same  |  |                       |
| 4. Date of incorp   | poration/qualification: 05-26-2009 Do   | ocument number:  | P09000046287          |
|   | d street address of the current registered agent and rument of State: (If resigned, enter resigned)   | I registered office on file w  | vith the              |
|   | Noelia Lora - 3319 Cleveland ave Fort   | Myers, Fl. 33901   |                       |
|   |   |  | 20<br>S               |
|   |   |  | ZOOD NAR              |
| 6. The name and (if changed):   | d street address of the new registered agent (if cha  | inged) and /or registered o  | -2 P                  |
|   | Eliana Marty - 3319 Cleveland ave. Fo   | ort Myers, Fl. 33901   | H: 53                 |
|   | P O Box NOT acceptable  | e  | - <sup>v</sup>        |
| The street addre  | ess of its registered office and the street address I be identical.   | of the business office of  | its registered agent, |
| Such change wa<br>authorized by <b>t</b>                                    | as authorized by resolution duly adopted by its life board, or the corporation has been notified in   | board of directors or by a writing of the change.  | n officer so          |
|   | ure of an officer or director   | Eliana Mar   |                       |
| I hereby accept<br>I further agree t<br>of my duties, an<br>document is bei | t the appointment as registered agent and agree<br>to comply with the provisions of all statutes rela<br>nd I am familiar with and accept the obligation of<br>ing filed merely to reflect a change in the registe<br>speen notified in writing of this change. | Printed or typed name and<br>to act in this capacity.<br>ative to the proper and co<br>of my position as register<br>ered office address. I here |                       |
| Notice of   | gnature of Registered Agent   | 02/04/2010<br>Date   | )                     |
| If signing on be  | chalf of an entity:   |  |                       |
|   | Eliana Marty  |  |                       |
| Ty  | Typed or Printed Name  * * * FILING FEE: \$35.  | 00 * * *   |                       |
|   | riling ree; 333.  | W  |                       |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)