

P110000 11107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

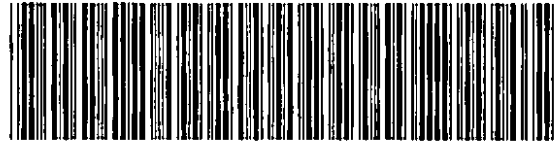
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New RA must sign

Office Use Only



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07/29/22--01018--015 **35.00

2022 NOV 22 PM 4:52

RA Change

DEC 08 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Genius Ceiling Corp.
Name of Corporation

DOCUMENT NUMBER: P 11000011107

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:

Pedro Lercano
Name of Contact Person

Genius Ceiling Corp.
Firm/Company

1570 West 56 Place
Address

Highway, FL 33012
City/State and Zip Code

geniusceilings@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro Lercano at 786. 562.3903
Name of Contact Person Area Code & Daytime Telephone Number
305. 586.1317

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2022

PEDRO LEZCANO
GENIUS CEILING CORP
1570 WEST 56 PLACE
HIALEAH, FL 33012

SUBJECT: GENIUS CEILING CORP
Ref. Number: P11000011107

We have received your document for GENIUS CEILING CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 222A00024985

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Genius Ceiling Corp.
2. The principal office address: 1570 West 56 Place.
Hialeah, FL 33012
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2011 Document number: P11000011107
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Pedro Lezcano
1570 West 56 Place
Hialeah FL 33012

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Miguel De Jesus Lezcano.
14311 Lake Saranac Ave
P.O. Box NOT acceptable
Miami Lakes, FL 33014

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Miguel De Jesus Lezcano
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

07.26.2022
Date

If signing on behalf of an entity:

Miguel De Jesus Lezcano.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)