

P15000020999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

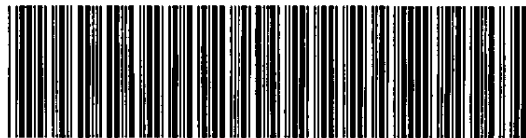
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SECRETARY OF DEFENSE
16 OCT -6 PM 3:48

RA Change

OCT 11 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Agent

Name of Corporation

DOCUMENT NUMBER: P15000020999

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:

Michael Gencarelli

Name of Contact Person

nGeneYes, Inc.

Firm/Company

13506 Summerport Village Pkwy Suite 337

Address

Windermere FL 34786

City/State and Zip Code

MGencarelli@nGeneYes.com

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

For further information concerning this matter, please call:

Michael Gencarelli

Name of Contact Person

at (407) 979-4519

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

FILED
16 OCT -6 PM 3:48
SECRETARY
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2016

MICHAEL GENCARELLI
NGENEYES INC
13506 SUMMER PORT VILLAGE PKWY, STE 337
WINDERMERE, FL 34786

SUBJECT: NGENEYES INC.
Ref. Number: P15000020999

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

According to our records Florida Filing & Search Services, Inc. is your registered agent in Florida.

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: 216A00019250

RECEIVED
16 OCT -6 PM 12:28
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: nGeneYes, Inc.
2. The principal office address: 13506 Summerport Village Pkwy, Suite 337
Windermere, FL 34786
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-1-2002 Document number: P1000020999

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)

Florida Filing & Search Services, Inc.

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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

Michael Gencarelli

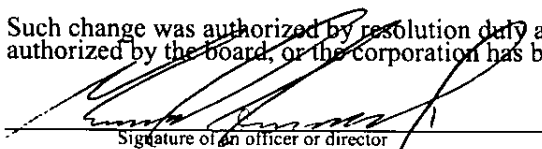
11749 Sprawling Oak Drive

P.O. Box NOT acceptable

Windermere FL 34786

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.

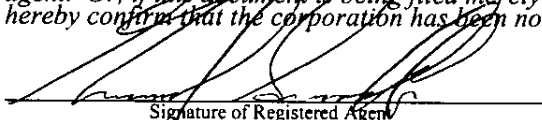


Signature of an officer or director

Michael Gencarelli, President

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 of Registered Agent

10-2-2016

Date

If signing on behalf of an entity:

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

FILED
16 OCT -6 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FL