P1900000 5761

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William Broken Care ** Block

2018 JAN 28 P № 17

Fuller index

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GEIVIN'I BOAT CORP Name of Corporation
DOCUMENT NUMBER: P19000005761
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:
Name of Contact Person Paesident Firm/Company
1363 NE 1765T
Nixth Hipmi Beach FL 33/62 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVON CANDELA at (786) 416 4889. Name of Contact Person Area Code & Daytime Telephone Number
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

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.
1. The name of the corporation: Connin Bust CORP
1. The name of the corporation: Genini Bust CORP 2. The principal office address: 1363 NE 1765 North Miami Busch, FL 33162
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/14/2019 Document number: P190000576
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)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): \[\begin{align*} \text{ULiO} & \text{Gonzalez} & \text{Espinoca} & \text{Agent} \\ \text{26781} & \text{SW} & \text{137PL} \\ \text{PO Box NOT acceptable} & \text{Espinoca} & \text{Espinoca} \\ \text{MiAmi} & \text{FL} & \text{33032} & \text{28} \end{align*}
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. The Control Resident 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 Date
If signing on behalf of an entity: JULIO (* GONZALEZ ESPINOSA Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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