585061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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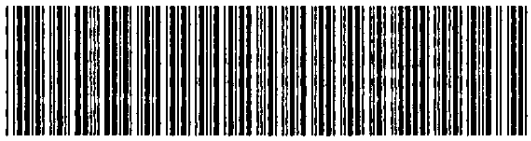

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TALLAHASSEE, FLORIDA

RA
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# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Genesis Press, Inc.
Name of Corporation

**DOCUMENT NUMBER:** S85061

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:

Kathy Stefanelli
Name of Contact Person

Genesis Press Inc.
Firm/Company

7112 Augusta Rd
Address

Piedmont SC 29673
City/State and Zip Code

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

For further information concerning this matter, please call:

Kathy Stefanelli at (864) 552-2000
Name of Contact Person — Area Code & Daytime Telephone Number

N/C 69
Enclosed is a $35.00 check made payable to the Department of State.

RECEIVED
2005 APR 19 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2011

RECEIVED
MAR 2 3 2011

GENESIS PRESS, INC.
7112 AUGUSTA RD
PIEDMONT, SC 29673

SUBJECT: GENESIS PRESS, INC.
Ref. Number: S85061

It has come to our attention through an audit of our records that your corporation has improperly designated your registered agent.

Florida law does not allow a corporation to designate a registered agent outside the State of Florida. The registered agent may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by May 17, 2011, your corporation will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 911A00006736

**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: Genesis Press, Inc.

2. The principal office address: 13611 Deering Bay DR #601
Coral Gables, Fl 33158

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: S85061

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)

Larry Kudeviz
7112 Augusta Rd
Piedmont, SC 29673

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

Barry Zisook
13611 Deering Bay DR. #601
P.O Box NOT acceptable
Coral Gables, FL 33158

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TALLAHASSEE, FLORIDA

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 _____ 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 _____ 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

CR2E045 (8/05)