

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

A19000000531

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
 THERALYTICS LTD.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED
 AND
 FILED

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AUG 05 2022
 K. Brumble

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. THERALYTICS LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/07/2018

Date of filing/registration in Florida

3. A19000000531

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

 SG REGISTERED AGENT LLC

Name

 200 E PALMETTO PARK RD.SUITE 103

Address

 BOCA RATON, FL 33432

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

 Registered Agents Inc.

Name

 7901 4th St N STE 300

Florida street address (P.O. Box not acceptable)

 St. Petersburg FL 33702

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

 Zohaib Rama

Signature of General Partner

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 obligations of my position as registered agent.

 Bill Hanna

Signature of Registered Agent

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