

**F13000001505**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

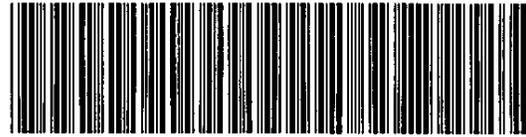
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700261928837

07/07/14--01039--001 \*\*700.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL -7 PM 2:08

C. LEWIS  
JUL 23 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NeoDiagnostix, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F13000001505

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:

Jerry Howell

Name of Contact Person

Corporate Filing Solutions Inc.

Firm/Company

906 W. 2nd Ave. Ste 100

Address

Spokane, WA 99201

City/State and Zip Code

research@llcagent.com

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

For further information concerning this matter, please call:

Jerry Howell

Name of Contact Person

at ( 857 ) 453-3698

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

1. The name of the corporation: NeoDiagnostix, Inc.
2. The principal office address: 9700 GREAT SENECA HWY ROCKVILLE, MD 20850
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/05/2013 Document number: F13000001505

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)

CORPORATE FILING SOLUTIONS, LLC

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):

CORPORATE FILING SOLUTIONS

3030 N. ROCKY POINT DR. STE 150A

P.O. Box NOT acceptable

TAMPA, FL 33607

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL -7 PM 2:08

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

6/18/2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Dan Keen--Manager

\_\_\_\_\_  
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