

F19 000005012

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000213010 3)))



H240002130103ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

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

Email Address: \_\_\_\_\_

2024 JUN 19 PM 12:10  
FILED

FILED

REGISTERED AGENT CHANGE  
XVIVO PERFUSION INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2024 JUN 19 AM 11:33



H24000213010 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** XVIVO PERFUSION INC.  
Name of Corporation

**DOCUMENT NUMBER:** F19000005212

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:

**Alicia Richards**  
Name of Contact Person  
Registered Agent Solutions, Inc.  
Firm/Company  
Corporate Center One, 5301 Southwest Pkwy, Ste 400  
Address  
Austin, Texas 78735  
City/State and Zip Code

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

For further information concerning this matter, please call:

**Alicia Richards** at ( 888 ) 705-7274  
Name of Contact Person Area Code & Daytime Telephone Number

FILED  
2024 JUN 19 PM 2:10

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

- 1. The name of the corporation: XVIVO PERFUSION INC.
- 2. The principal office address: 3615 S Huron St Suite 201  
ENGLEWOOD, CO 80110
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 11/18/2019 Document number: F19000005212
- 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)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Registered Agent Solutions, Inc.  
2894 Remington Green Ln. Ste. A  
P.O. Box NOT acceptable  
Tallahassee FL 32308

FILED  
 2024 JUN 19 PM 12:10  
 FILED

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.

1st Christoffer Rosenblad  
Signature of an officer or director

Christoffer Rosenblad 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.*

Mackenzie Hibler  
Signature of Registered Agent

06/19/2024  
Date

If signing on behalf of an entity:

Mackenzie Hibler, Assistant Secretary  
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 (04/13)