F21000005011

| (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



300408390263

RAGRO Change

FILED
2023 HAY 30 MILL: 22



A. RAMSEY MAY 3 1 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 05/26/2023 | | |
|--------------|---------------------------------|--------------------------|-----------------------------|
| | Marcel Ogbonna-Amu | | |
| Reference # | 2006990 | | |
| | MAIA BIO | TECHNOLOGY, INC | • |
| _ | es of Incorporation/Authorizati | ion to Transact Business | |
| _ | ge of Agent | | ANY ISSUES, CALL MARCEL: |
| Reins | statement | | (518) 213 - 0826 |
| Conv | ersion | | Thank you! |
| ☐ Merge | er | | |
| Disso | lution/Withdrawal | | |
| Fictition | ous Name | | |
| ☐ Other | | | |
| | | | |
| Authorized A | Amount:\$35.00 | | |
| Signature: | Plan Col og borner | Francis. | |

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corporatio | 617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State | of Delaware | |
|---|---|--|--|--|
| 1. The name of t | he corporation: | MAIA BIOTECHNOLOG | Y, INC. | |
| 2. The principal | office address: No Change | | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: August | 2 30, 2021 Document number: | F21000005011 | |
| | street address of the current regi tment of State: (If resigned, enter | istered agent and registered office on fi resigned) | le with the | |
| | REGISTER | ED AGENTS INC. | | |
| 7901 4 ST N STE 300 | | | | |
| | ST PETERS | BURG, FL 33702 | | |
| 6. The name and (if changed): | street address of the new registe | red agent (if changed) and /or registere | 30 | |
| | 115 North Calhour | | FEFT SHITE | |
| | Tallahassee, FL | Box NOT acceptable 32301 | —————————————————————————————————————— | |
| The street addre | ess of its registered office and the be identical. | e street address of the business office | of its registered agent, | |
| Such change wa authorized by th | s authorized by resolution duly a board, or the corporation has b | adopted by its board of directors or by been notified in writing of the change. | an officer so | |
| /s/ Joseph M | cGuire | Joseph McGuire | CFO | |
| I hereby accept I further agree t performance of agent. Or, if thi | the appointment as registered a to comply with the provisions of my duties, and I am familiar wit | gent and agree to act in this capacity, all statutes relative to the proper and h and accept the obligation of my pos s to reflect a change in the registered | complete ition as revistered | |
| /s/ Timothy N | | 5/26/2023 | | |
| | nature of Registered Agent half of an entity: | Date | | |

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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