L18 000065411

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.

(((H180003526403)))

H180003526403ABC$

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)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2018 DEC 12 AM 10:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 12 PM 2:47

LLC REGISTERED AGENT CHANGE
GACP STEM CELL CLINICS CORAL GABLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

T. CLINE
DEC 13 2018
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GACPStemCellClinicsCoralGablesLLC

2. (a) Principal office address of limited liability company: (*Note: MUST BE STREET ADDRESS*)

2333 PONCE DE LEON BLVD SUITE #R240

CORALGABLES,FL33134

(b) Mailing address of limited liability company: (*Note: MAY BE POST OFFICE BOX*)

2333 PONCE DE LEON BLVD SUITE #R240

CORALGABLES,FL33134

3. Date of filing/registration in Florida: 01/06/2017

4. Document number: L17000005411

5. (a) NEITHARDT,DAVID

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

2333 PONCE DE LEON BLVD SUITE #R240

CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

CTCorporationSystem

NEW Registered Office Address:

1200SouthPineIslandRoad

Plantation, FL 33324

2018 DEC 12 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Natalie Pickens — NataliePickens,Secretary

Signature of a member or authorized representative of a member — Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: MicheleHolden, AsstSect — Michele Holden

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2014)