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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)866-2689

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE  
LUMINUS DIAGNOSTICS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA  
2017 MAR 10 P 2:05

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MAR 13 2017

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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Luminus Diagnostics, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josie Sorensen  
Name of Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Pkwy, Suite 500s  
Address

Las Vegas, NV 89169  
City/State and Zip Code

documents@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josie Sorensen at ( 800 ) 248-2677  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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**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: Luminus Diagnostics, LLC

2. (a) 2773 MARSHALL DRIVE Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
(b) 2773 MARSHALL DRIVE Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

TIFTON, GA 31793 TIFTON, GA 31793

3. 01/22/2013 Date of filing/registration in Florida 4. M13000000602 Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Plantation, FL 33324

(b) InCorp Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North  
NEW Registered Office Address:  
Loxahatchee, FL 33470

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2017 MAR 10 P 2:05  
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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.

[Signature] Signature of a member or authorized representative of a member  
CEP Vanell 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.

[Signature] Josie A Sorensen on behalf of InCorp Services, Inc.  
Signature of Registered Agent

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