

3/28/2019

M15000007038

Division of Corporations
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

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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 AMND/RESTATE/CORRECT OR M/MG RESIGN
CIRCULOGENE DIAGNOSTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAR 27 2019
S. PRATHER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Circulogene Diagnostics, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Sillyman
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy, Suite 500S
Address

Las Vegas, NV 89169-6014
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:

Patricia Sillyman for InCorp Services, Inc. at (702) 888-2500 ext 6905
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CIRCULOGENE DIAGNOSTICS, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000007038

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/03/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CIRCULOGENE THERANOSTICS, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 _____
 Signature of the authorized representative

Mike Mullen

 Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CIRCULOGENE DIAGNOSTICS, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CIRCULOGENE THERANOSTICS, LLC", ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2015, AT 10:08 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIRCULOGENE THERANOSTICS, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5697048 8321
 SR# 20192251506

Authentication: 202511748
 Date: 03-25-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

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