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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

Fax Number

: (888)705-7274 : (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:				

REGISTERED AGENT CHANGE GENERX BIOTECHNOLOGIES, INC

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Help

COVER LETTER

TO:

Amendment Section Division of Corporations

_{suвject:} GeneRX Biotechnologies, Inc	
Name of Corporation	
DOCUMENT NUMBER: P21000081173	
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:	
Mary Castillo	
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:	≔ 11
For further information concerning this matter, please call:	
Man, Costillo	7
Name of Contact Person at (888) 705-7274 SS Area Code & Daytime Telephone Number	7
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

CR2E045 (04/13)

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

	provisions of sections 607.0502, 6 inge is submitted for a corporation					_
	r to change its registered office or					
1. The name of t	the corporation: GeneRX Bioto	echnolog	ies, Inc			
	office address: 5829 NW 158					
	KES, FL 33014			<u>.</u> .		
3. The mailing a	nddress (if different):			_		
4. Date of incoη	poration/qualification: 9/14/202	!1	Document	number: P2100	00081173	
	d street address of the current regist rtment of State: (If resigned, enter r	-	and registere	ed office on file v	vith the	
	CT CORPORATION	SYST	EM			
	1200 SOUTH PINE ISLAN	D ROAD			- ~ <u>^</u>	2
	PLANTATION		FL	33324	OZZ AUG 30	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): Registered Agent Solutions, Inc.					G 30 AM II: 51 AHASSEE, FL	•
	155 Office Plaza Dr.		Suite A		; ; *:2 *	
	Tallahassee	P.O. Box NOT	acceptable 3230	1		
The street address changed will	ess of its registered office and the be identical.	street addr	ess of the bu	siness office of	its registered age	nt.
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by i	ts board of e in writing e	directors or by an of the change.	n officer so	
Isl Charles Signatu	Richardson re of an officer or director	Cha	rles Rich	nardson	President सार	
l furthér agrée of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this cl	ll statutes r he obligation e in the rev	ee to act in relative to the on of my pos istered offic	this capacity, se proper and co ition as registere e address, I here	mplete performa ed agent. Or, if by confirm that	nce this the
Hocken	zidt	08	3/30/2022	2		
Sig	guiture of Registered Agem			Date		_
If signing on be	chalf of an entity:					
	Assistant Secretary					
Т	yped or Printed Name ** FILEN	ie epp. •	25 00 + + +			
	~ ~ ~ 611 17		17 (B) " " "			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)