AY UNIT F BEACH, FL 32169 US d entity submits this statement for the purpose of changing its re	aistered office or reais	tered agent, or both, in the State of Florida.	
		-	
Electronic Signature of Registered Agent			Date
ctor Detail :			
Р	Title	VP	
WHITE, BASIL	Name	SHABDUE, KRISTEN	
271 MIDDLEWAY UNIT F	Address	271 MIDDLEWAY UNIT F	
NEW SMRYNA BEACH FL 32169	City-State-Zip:	NEW SMRYNA BEACH FL 32169	
VP			
TOBIAS, LINDSEY			
271 MIDDLEWAY UNIT F			
	BEACH, FL 32169 US d entity submits this statement for the purpose of changing its re Electronic Signature of Registered Agent Ctor Detail : P WHITE, BASIL 271 MIDDLEWAY UNIT F NEW SMRYNA BEACH FL 32169 VP TOBIAS, LINDSEY	BEACH, FL 32169 US d entity submits this statement for the purpose of changing its registered office or regis Electronic Signature of Registered Agent Ctor Detail : P Title WHITE, BASIL 271 MIDDLEWAY UNIT F NEW SMRYNA BEACH FL 32169 VP TOBIAS, LINDSEY	BEACH, FL 32169 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Electronic Signature of Registered Agent Ctor Detail : P Title VP WHITE, BASIL P Title VP WHITE, BASIL Name SHABDUE, KRISTEN 271 MIDDLEWAY UNIT F Address 271 MIDDLEWAY UNIT F NEW SMRYNA BEACH FL 32169 VP TOBIAS, LINDSEY

271 MIDDLEWAY UNIT F NEW SMRYNA BEACH. FL 32169

Current Mailing Address:

271 MIDDLEWAY UNIT F NEW SMRYNA BEACH. FL 32169 US

City-State-Zip: NEW SMRYNA BEACH FL 32169

FEI Number: 87-2716464

Name and Address of Current Registered Agent:

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

WHITE, BASI 271 NEV

DOCUMENT# P21000081247

Entity Name: MICROBEBIOTIC INC

Current Principal Place of Business:

FILED Feb 08, 2024 Secretary of State 6021323402CC

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BASIL WHITE

Ρ

Electronic Signature of Signing Officer/Director Detail