ST PETERSBU	KG, FL 33713			
	ling Address:			
PO BOX 748 ST PETERS	37 BURG, FL 33734 US			
FEI Number: 82-4953381			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
WOOD, EMOR 1500 DR M.L.K ST PETERSBU				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE: EMORY WOOD				04/29/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire	5 5 5			Date
Officer/Dire	5 5 5	Title	DIRECTOR, TREASURER	Date
	ctor Detail :	Title Name	DIRECTOR, TREASURER MESSINA, PAUL	Date
Title	ctor Detail : CEO, DIRECTOR		·	Date
Title Name	ctor Detail : CEO, DIRECTOR PELL, DONALD 4820 5TH AVE N	Name	MESSINA, PAUL 4820 5TH AVE N	Date
Title Name Address	ctor Detail : CEO, DIRECTOR PELL, DONALD 4820 5TH AVE N	Name Address	MESSINA, PAUL 4820 5TH AVE N	Date
Title Name Address City-State-Zip:	ctor Detail : CEO, DIRECTOR PELL, DONALD 4820 5TH AVE N ST PETERSBURG FL 33713 CHIEF COMPLIANCE OFFICER,	Name Address	MESSINA, PAUL 4820 5TH AVE N	Date
Title Name Address City-State-Zip: Title	ctor Detail : CEO, DIRECTOR PELL, DONALD 4820 5TH AVE N ST PETERSBURG FL 33713 CHIEF COMPLIANCE OFFICER, SECRETARY	Name Address	MESSINA, PAUL 4820 5TH AVE N	Date
Title Name Address City-State-Zip: Title Name Address	ctor Detail : CEO, DIRECTOR PELL, DONALD 4820 5TH AVE N ST PETERSBURG FL 33713 CHIEF COMPLIANCE OFFICER, SECRETARY VAHLSING, ERWIN JR.	Name Address	MESSINA, PAUL 4820 5TH AVE N	Date

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: ERWIN VAHLSING JR.

CHIEF COMPLIANCE OFFICER

04/29/2021

Date

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F1900002812

Entity Name: BIONEBICINE CORP.

## **Current Principal Place of Business:**

4820 5TH AVE N ST PETERSBURG, FL 33713

## FILED Apr 29, 2021 **Secretary of State** 3931566667CC