

F09000002147

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SECRETARY OF STATE  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clinical Trials Network, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** FD9000002147

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:

Alba Nelly Marin  
Name of Contact Person

Clinical Trials Network, Inc.  
Firm/Company

5255 Collins Avenue #15D  
Address

Miami Beach, FL 33140  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alba Nelly Marin at ( 305 ) 283-7791  
Name of Contact Person Area Code & Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Clinical Trials Network, Inc.  
2. The principal office address: 701 Brickell Key Blvd #1409  
Miami, FL 33131  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/27/2009 Document number: F09000002147  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alba Nelly Marin  
701 Brickell Key Blvd #1409  
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alba Nelly Marin  
5255 Collins Avenue #15D  
P.O. Box NOT acceptable  
Miami Beach, FL 33140

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TALLAHASSEE, FL 32314

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Alba Nelly Marin  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

18 AUG 2015  
Date

If signing on behalf of an entity:

Alba Nelly Marin  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*