F61000002478

Office Use Only



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DEPARTMENT OF STAT

14 JUL 14 AH 10: 34

JUL 14 2014 C. CARROTHERS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 211309 7840193

AUTHORIZATION

COST LIMIT

ORDER DATE : July 10, 2014

ORDER TIME: 8:38 AM

ORDER NO. : 211309-005

CUSTOMER NO: 7840193

CHANGE OF AGENT

NAME: NANOTHERAPEUTICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Tenola Price

EXAMINER'S INITIALS:

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

statement of c	hange is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Starties this reporation organized under the laws of the State of DE	AM 10: 34
	•	office or registered agent, or both, in the State of Florida.	r dikir. Haniya
1. The name o	f the corporation: NANOT	DI LO II COD Alexa Et 2004	
2. The princip	al office address: 13859 Pri	ogress Blvd., Suite 300, Alachua, FL 32615	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 6/	19/2009 Document number: F09000002478	
	nd street address of the curr artment of State: (If resigne	rent registered agent and registered office on file with the ed, enter resigned)	
	James D. Talton		
	13859 PROGRESS BLVD. SUITE 300		
	Alachua	FL 32615	
6. The name ar (if changed)		registered agent (if changed) and /or registered office	
	Corporation Service Cor	mpany	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	13 32301	
	<i>C1</i>	and the street address of the business office of its registered agent,	
Such change wanthorized by	ras authorized by resolution and board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	
	fure of an officer or director	Printed or typed name and title	
[]] [hereby accept [further ugrke performatick of agent. Or/if il hereby confirm	t the appointment as regist to comply with the provisi	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I been notified in writing of this change.	
	gnature of Registered Agent ehalf of an entity:	Date Date	
Emily	Typed or Printed Nam Ass-	+4P	
J	→ * * *	* FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)