

F090000003300

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DATE: 12/15/14

NAME: KIVEX BIOTEC, INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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 FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kivex Biotec, Inc.
2. The principal office address: 370 LEXINGTON AVENUE SUITE 302
NEW YORK, NY 10017
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/20/2009 Document number: F09000003300

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

PLATINUM AGENT SERVICES LLC

155 OFFICE PLAZA DR

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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.

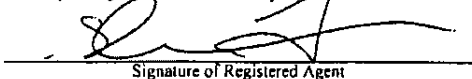


Signature of an officer or director

NIELS STENGAARD HANSEN, PRESIDENT

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 of Registered Agent

10/2/2014

Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)

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