

F13000003548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

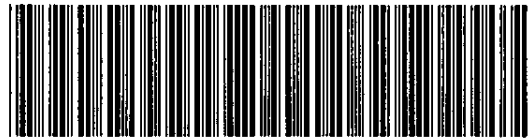
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 21 2015

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Affiliated Genetics, Inc.

Name of Corporation

DOCUMENT NUMBER: F13000003548

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:

Jeffrey Ward

Name of Contact Person

Affiliated Genetics

Firm/Company

2749 E. Parleys Way

Address

Salt Lake City, UT 84109

City/State and Zip Code

jeffw@affiliatedgenetics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Ward

Name of Contact Person

at (801) 824-8245

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

1. The name of the corporation: Affiliated Genetics, Inc.
2. The principal office address: 2749 Parleys Way, Suite 100, Salt Lake City, UT 84109
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1994 Document number: F13000003548
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)

Alan Brown (resigned)

316 NW 49th Street

Fort Lauderdale, FL 33309

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

Jeffrey Ward

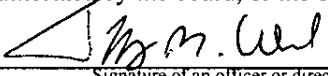
4413 NW 67th Avenue

P.O. Box NOT acceptable

Coral Springs, FL 33067

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.

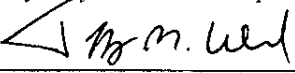


Signature of an officer or director

Jeffrey Ward, 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

July 16, 2015

Date

If signing on behalf of an entity:

Jeffrey Ward

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)