# F14000000623

(Requestor's Name)					
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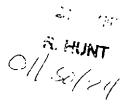


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	120000000195			
REFERENC	E :	12			
AUTHORIZATIO	N :	Louis de ma	الم		
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CHANGE OF	AGEN	<u>IT</u>	FL	: 56	
NAME: Biocept, Inc.					
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PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FILING:			
CERTIFIED COPY					
✓ PLAIN STAMPED COPY					
CONTACT PERSON:					
]	EXAMI	NER'S INITIALS:			

## **COVER LETTER**

Division of Corporations			
SUBJECT:			
(Name of Corporation)			•
DOCUMENT NUMBER: F14000000623			
The enclosed Resignation of Registered Agent for a Corporation and fee are submitte	d for t	iling.	
Please return all correspondence concerning this matter to the following:			
RESIGNATION DEPARTMENT		d.m. 7 1 2	
(Name of Person)			
CORPORATION SERVICE COMPANY	•		
(Name of Firm/Company)	(0)	7730	
251 LITTLE FALLS DRIVE		AH 9:5	بر روا سروان
(Address)	근활	2	
WILMINGTON, DE 19808			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
RESIGNATION DEPARTMENT 800 927-9801 at ( )			
(Name of Person) (Area Code & Daytime Telephone Nun	nber)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to th	e provisions of secti	ions 607.0503(2), 617.0502(2), 607.150	09, or 617.1509.			
Florida Statute	es. the undersigned.	CORPORATION SERVICE COMPANY				
		(Name of Registered Agent)				
herehy resions	s as Registered Ager	Biocept, Inc.				
nereo, resign.	s us registered reger	(Name of Corporation	n)			
F14000000623						
(Docum	nent Number, if known)					
A copy of this	resignation was ma	tiled to the above listed corporation at i	ts last known address.			
The agency is this statement		office discontinued on the 31st day after Eyluma Bahr	er the date on which			
		Assistant Vice President				
		(Signature of Resigning Agent)				
If signing on b	pehalf of an entity:					
	BY EYLIENA BA		AH 9:			
		(Typed or Printed Name)	WIE 29:			
	VICE PRESIDENT					
		(Capacity)				

### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314