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I

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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Office Use Only

CORPORATTON SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500					
	ACCOUNT NO.	: I20000001	95		
	REFERENCE	: 332351	7667927		
	AUTHORIZATION	Spulsele	Al		
	COST LIMIT	: (\$ 35.00			
ORDER DATE :	December 15, 202	1			
ORDER TIME :	2:56 PM				
ORDER NO. :	332351-011				
CUSTOMER NO:	7667927				
		- 			
CHANGE OF AGENT					

NAME: CELLA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

-

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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- 41

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

1. The name of the	he corporation: CELLA, INC.			
2. The principal of	office address:			
1801 Research	Blvd. Suite 307 Rockville, MD 20850			
3. The mailing ac	ddress (if different):			
4. Date of incorporation/qualification: 02/19/2014 Document number: F14000000789				
	street address of the current registered agent and registered tment of State: (If resigned, enter resigned)	office on file with the		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324	1 - ، ۲۰۱ ر.		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company	ې		
	1201 Hays Street	ຜ ້ ກ		
	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.

Jill Cilmi, Vice President

Printed or typed name and title

Date

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.

12/16/2021

Corporation Service Company B ignature of Registered Agent

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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 (04/13)