

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone Fax Number ; (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE LIQUID GENOMICS, INC

Certificate of Status	0
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C. GOLDEN

DEC 1 8 2017

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TO: Amendment Section

COVER LETTER

Division o	Corporations			
SUBJECT:	LIQUID GEN	OMICS, INC.		
	Name of Co	rporation		
DOCUMENT NU	F15000003487 MBER:			
The enclosed State	ment of Change of Registered Office	/Agent and fee are submitted for filing.		
Please return all co	rrespondence concerning this matter	to the following:		
	COLL STODDEN			
	Name of Con	act Person		
	NANTWORKS, LLC			
	npany			
Address				
	2			
	Zip Code			
	ENTITYTNFO@NANTWORKS.COM	ſ		
	E-mail address: (to be used for fu	ture annual report notification)		
77 6 1 1	etan analas eta analas			
	tion concerning this matter, please cr			
COLL STODDEN		at () 853 - 7577 Area Code & Daytime Telephone Number		
Nan	ne of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.0	0 check made payable to the Departn	nent 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		

CR2E045 (03/12)

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

statement of change is submit	tted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	Delaware	s 	
	Liquid Canomia				
 The name of the corporation The principal office address 					
3. The mailing address (if dif	ferent):				
4. Date of incorporation/qual	ification: 08/15/201	5 Document number: F1500	00003487		
5. The name and street address Florida Department of Stat		tered agent and registered office on file resigned)	with the		
Corporation :	Service Company		_		
1201 Hays S	trect				
Tallahassee,	FL 32301			2017	
6. The name and street addres (if changed):	ss of the new registere	ed agent (if changed) and /or registered o	office	DEC 15	
NRAI Servic	es, Inc.		:		E
1200 South F	ine Island Road			AM 10:	
Plantation, Fl		ox NOT acceptable		: ::	
The street address of its regians changed will be identical.	stered office and the	street address of the business office of	•	agent,	
Such change was authorized authorized by the board, or if	by resolution duly ac he corporation has be	dopted by its board of directors or by ar on notified in writing of the change.	officer so		
	~	Shahrooz Rabizadah, Pr			
I furthér agrée to comply wit performance of my duties, ar agent. Or, if this document i	ment as registered age th the provisions of a nd I am familiar with is being filed merely t	Printed or typed runs and the capacity. It is talutes relative to the proper and coand accept the obligation of my position reflect a change in the registered official in writing of this change.	mplete on as revister	ed	
By: Hiedi M &	Riesel	12/14/2017			
Signature of Register If signing on behalf of an ent	•	Date			
Hiedi M. Licsch, Asst. Secretar	•				
Typed or Printed No		C PPE. 525 50 + + +			

* * * 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)