

To: Page 6

10/9/2015 7:28:12 AM

3239626300 From: Amanda Sando

Division of Corporations

Page 1 of 2

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 : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
INTERPARES BIOMEDICINE, INC.**

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09-23-2015

2/3

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **INTERPARES BIOMEDICINE, INC.**

Name of Corporation

DOCUMENT NUMBER: **F15000003692**

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:

**Imelda Vasquez**

Name of Contact Person

**Legalzoom.com, Inc.**

Firm/Company

**100 W. Broadway, Suite 100**

Address

**Glendale, CA 91203**

City/State and Zip Code

**ntmason@gmail.com**

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

For further information concerning this matter, please call:

**Imelda Vasquez**

Name of Contact Person

at **323 962-8600**

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

813-000-0000

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05:25:34 p.m.

09-23-2015

3 / 3

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

1. The name of the corporation: INTERPARES BIOMEDICINE, INC.
2. The principal office address: 17003 Madres De Avila, Tampa, FL 33613
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/20/2015 Document number: F15000003692

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)

Neil Mason22429 Cherokee Rose PlLand O Lakes, FL 34639

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

United States Corporation Agents, Inc.13302 Winding Oak Court, Suite AP.O. Box NOT acceptableTampa, FL 33612

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]  
Signature of an officer or director

Howard L. McLeod, 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]  
Signature of Registered Agent

9-28-2015  
Date

If signing on behalf of an entity:

Cheyenne Moseley, Assistant Secretary

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

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