Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000241299 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone

: (888)705-7274

Fax Number

: (888)706-7274

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

REGISTERED AGENT CHANGE EXUMA BIOTECH CORP.

Certificate of Status	0
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→ 18506176380

pg 2 of 3

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Exuma Biotech Corp.	
Name of Corporation	
DOCUMENT NUMBER: F15000005287	
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:	
Lori Whalen	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	2027
Corporate Center One, 5301 Southwest Pkwy, Ste 400	73
Address	:
Austin, Texas 78735	
City/State and Zip Code	_'
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	, ~
Lori Whalen	
Name of Contact Person at (888) 705-7274 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

	e provisions of sections 60 nange is submitted for a co				
	ler to change its registered	-		•	
1. The name of	the corporation: Exuma	Biotech Corp).		
2. The principa	al office address: <u>625 N.</u> Ilm Beach, FL 334	Flagler Drive			
	address (if different):				
_	rporation/qualification: 1	1/25/2015	Document num	nber: F150000	05287
5. The name ar	nd street address of the cur artment of State: (If resign	rent registered age	nt and registered o		
	CORP2000,	INC.			21
	720 14TH STREET	•		<u> </u>	2023.
	SACRAMENTO, FL	. 95814			- -
6. The name an (if changed):	ad street address of the new	v registered agent (if changed) and /o	r registered office	
	Registered Age	ent Solutions	, Inc		: .3C
	2894 Remingto	n Green Ln.	Ste. A		
			O'l' acceptable		
	Tallahassee	FL	32308		
The street addr	ess of its registered office I be identical.	e and the street ad	dress of the busine	ess office of its re	gistered agent,
Such change wanthorized by t	ras authorized by resolution the board, or the corporati	on duly adopted by ion has been notifi	y its board of directed in writing of the	ctors or by an off ie change.	icer so
/s/ Lee S	COTT	Le	e Scott	At Typed name and little	thorized Person
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	sions of all statute. Laccept the obliga La change in the re	oree to act in this	canacity	te performance gent. Or, if this onfirm that the
Д	معنظا	(07/10/2023		
Signature of Registered Agent				Date	
If signing on be	chalf of an entity:				
Mackenzie Hibi	er, Assistant Secretary				
1	yped or Printed Name				
	f *	* 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)