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DIVISION OF CORPORATIONS
TAIL ANA SSCE FLORIDA

DEC 2 0 2018 T. LEMIEUX M

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

ACCOUNT NO. : I20000000195

REFERENCE : 549711 7589465

AUTHORIZATION : True Reference

COST LIMIT : \$ 35.00

ORDER DATE: December 18, 2018

ORDER TIME : 1:01 PM

ORDER NO. : 549711-001

CUSTOMER NO: 7589465

## CHANGE OF AGENT

NAME: INSTITUTE FOR ADVANCED

BIOTECHNOLOGY INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections nge is submitted for a r to change its regista	a corporation orga	ınized under the la	ms of the Sta	te of
	0 0		-		-
1. The name of t	he corporation: INST		ANCED BIOTECH		
2. The principal	office address:		<del></del>	···	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification	: 04/17/2017	Document	number: F1	7000002157
	street address of the timent of State: (If re	•	_	ed office on t	file with the
	Rod Martin				
	981 Highway 98 E S	Ste 3289			
	Destin		FL	32541	
6. The name and (if changed):	l street address of the	new registered ag	ent (if changed) ar	nd /or register	PECOFFICE IN
	Corporation Service	Company			A A
	1201 Hays Street				
	Tallahassee	P.O. Box No	OT acceptable FL	32301	# # # # # # # # # # # # # # # # # # #
The street addre	ess of its registered of be identical.	office and the stree	et address of the b	usiness office	e of its registered agent.
Such change wa authorized by th	is authorized by resone board, or the corp	olution duly adopte oration has been r	ed by its board of otified in writing	directors or b of the change	oy an officer so e.
RUZE	re of an officer or director		Rod Martin	ted or typed name	President
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as a to comply with the p	rovisions of all sto familiar with and filed merely to re has been notified	nd agree to act in atutes relative to to accept the obliga flect a change in t	this capacity he proper an tion of my po the registered	v. d complete osition as registered
By: \ \ Sign	nature of Registered Agent	uuu		19 30 Pate	<u>'18</u>
If signing on be	half of an entity:	Roxanne Tur Asst. Vice Pres		·	
T	yped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*