## F17000002157

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: ]	2000000	0195		
	REFERENCE	: 8	150053	7589465		
	AUTHORIZATION	:	Sype	Soleman		
	COST LIMIT	: \$	35.00	,		
ORDER DATE :	July 17, 2019					
ORDER TIME :	10:09 AM					
ORDER NO. :	850053-001					
CUSTOMER NO:	7589465					
					. <b></b>	
CHANGE OF AGENT						
V2.V5	TNAMTENIME FOR		11000			
NAME:	INSTITUTE FOR BIOTECHNOLOGY					
PLEASE RETURN	THE FOLLOWING AS	PROC	F OF FI	LING:		
CERTI						
XXPLAIN						
CONTACT PERSON	N: Roxanne Turne:	r				

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections of statement of change is submitted for a in order to change its register	corporation organized	d under the la	ws of the S	State of Delaware			
1. The name of the corporation: INSTI	TUTE FOR ADVANC	ED BIOTECH	HNOLOGY	INC.			
2. The principal office address: 981 High							
3. The mailing address (if different):							
4. Date of incorporation/qualification:	04/17/2017	Document	number:	F17000002157			
5. The name and street address of the c Florida Department of State: (If resig		t and register	ed office o	n tile with the			
Rod Martin							
981 Highway 98 E St	e 3289						
Destin		FL	32541				
The name and street address of the n (if changed):      Corporation Service C		f changed) an	d /or regis				
1201 Hays Street							
P.O. Box NOT acceptable							
Tallahassee		FL	32301				
The street address of its registered off as changed will be identical.	ice and the street add	ress of the bu	siness offi	ice of its registered agent,			
Such change was authorized by resolu authorized by the board, or the corpora	ation has been notifie	its board of d d in writing o od Martin	lirectors or of the chan	r by an officer so age. President			
Signature of an officer or director  I hereby accept the appointment as reg I further agree to comply with the pro- performance of my duties, and I am fa agent. Or, if this document is being fit hereby confirm that the corporation had corporation Service Compan  By:  Signature of Registered Agent  If signing on behalf of an entity:	visions of all statutes miliar with and accep led merely to reflect o as been notified in wi	ree to act in relative to the obligation of the obligation of the control of the	e proper a ion of my p ie register	ity. ind complete position as registered			

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

MAKE CHECKS BAYABLE TO ELODIDA DEBARTMENT OF STATE