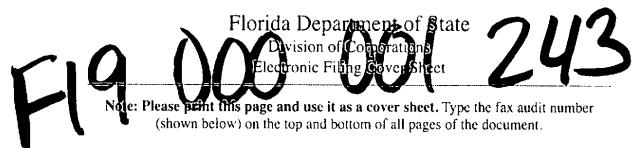
9/4/24, 11:24 AM

Division of Corporations



(((H24000300478 3)))



H240003004783ABC

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email	l Address:		



REGISTERED AGENT CHANGE THORAGENIX INNOVATIONS,INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

		12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of DE
		e or registered agent, or both, in the State of Florida.
1. The name o	f the corporation: ThoraGenix Ir	inovations Inc.
	al office address: 802 E Whiting	
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 02/27/2	019 Document number: F19000001243
5. The name a Florida Dep	nd street address of the current r artment of State: (If resigned, er	egistered agent and registered office on file with the nter resigned)
	Capitol Corporate Services, Inc	<u>.</u>
	515 East Park Avenue, 2nd Flo	NOT
	Tallahassee, FL 32301	
6. The name ar (if changed)		stered agent (if changed) and /or registered office
	Corporate Creations Network I	nc.
	801 US Highway I	
	North Palm Beach, FL 33408	P.O. Box NOT acceptable
The street add	ress of its registered office and ll be identical.	the street address of the business office of its registered agent,
Such change vauthorized by	vas authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
	1/2 ZL S	Marja Souza, Attorney-in-Fact
Signal	time of an officer or director	Printed or typed name and title
I hereby accept Jurther agree of my duties, a locument is be corporation he	nt the appointment as registered to comply with the provisions and I am familiar with and acce wing filed merely to reflect a ch as been notified in writing of th	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this unge in the registered office address, I hereby confirm that the is change.
	My ZL Solution of Registered Agent	09/04/2024
Si	gifature of Registered Agent	Date
f signing on b	ehalf of an entity:	
	pecial Secretary	
	Typed or Printed Name	
	* * * F1	LING FEE: \$35.00 * * *