

F21000001993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

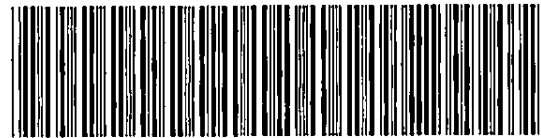
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900404663609

Amend

FILED
2023 MAR 29 AM 8:12
SECRETARY OF STATE
HARRISBURG, PA

RECEIVED
2023 MAR 29 AM 9:56
ALLAHABAD, INDIA

A. RAMSEY
APR - 5 2023

*02250, 00524, 00671

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/29/2023

Acc#I20160000072

en: c DW

Name:	Longeveron Inc
Document #:	
Order #:	14858659

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: LONGEVERON INC
Ref. Number: F21000001993

CORRECTED
Please Allow For
Same File Date

We have received your document for LONGEVERON INC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The affidavit amending officers can only be filed during a corporation's first year of qualification. You may file an amendment in order to change the officers. I have enclosed an amendment form for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 623A00007313



OFFICE
OF THE
CLERK OF
THE
SUPREME
COURT
OF
FLORIDA

2023 APR -4 PM 1:40

RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Longeveron Inc.

Name of Corporation

DOCUMENT NUMBER: F21000001993

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jody Petras

Name of Contact Person

Buchanan Ingersoll & Rooney Inc.

Firm/Company

Union Trust Building, 501 Grant St., Ste. 200

Address

Pittsburgh, PA 15219

City/State and Zip Code

jclavijo@longeveron.com

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

For further information concerning this matter, please call:

Jody Petras

at (412) 562-8800

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000001993

(Document number of corporation (if known))

1. Longeveron Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 4/12/2021

(Date authorized to do business in Florida)

2023 MAR 29 AM 8:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

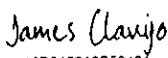
Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Mohamed Wa'el Ahmed Hashad	1951 NW 7th Avenue, Ste. 520	<input checked="" type="checkbox"/> Add
		Miami, FL 33136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:



172349010658407

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Treasurer

James Clavijo

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00