

F22000003921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

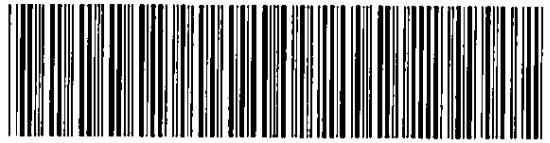
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000414462790

Amend

FILED  
2023 SEP 19 PM 1:09  
CLERK OF SUPERIOR COURT  
ALABAMA

RECEIVED  
2023 SEP 19 PM 1:21  
ALABAMA SECRETARY OF REVENUE

A. RAMSEY  
SEP 20 2023



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 09/19/23  
Order #: 1276217-2  
Re: Bicycle Therapeutics Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'AUTH:'.

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Bicycle Therapeutics, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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.)

**FILED**

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

**2023 SEP 19 PM 1:09**

F22000003921

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document number of corporation (if known))

1. Bicycle Therapeutics, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 06/22/2022  
(Incorporated under laws of) (Date authorized to do business in 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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
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>
DP	Lee Kalowski	4 Hartwell Place	<input type="checkbox"/> Add
		Lexington, MA 02421	<input checked="" type="checkbox"/> Remove
Secretary	Travis Thompson	4 Hartwell Place	<input type="checkbox"/> Add
		Lexington, MA 02421	<input checked="" type="checkbox"/> Remove
Treasurer	Travis Thompson	35 Cambridgepark Drive, Suite 350	<input checked="" type="checkbox"/> Add
		Cambridge MA 02140	<input type="checkbox"/> Remove
Director	Alethia Young	35 Cambridgepark Drive, Suite 350	<input checked="" type="checkbox"/> Add
		Cambridge MA 02140	<input type="checkbox"/> Remove
President & Director	Pierre Legault	35 Cambridgepark Drive, Suite 350	<input checked="" type="checkbox"/> Add
		Cambridge MA 02140	<input type="checkbox"/> Remove

0. 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.

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

Travis Thompson

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

**FILING FEE \$35.00**