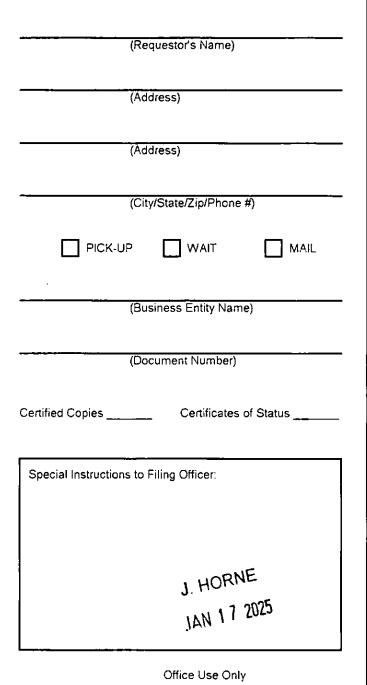
Faacoololo





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12/06/24--01002--015 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DONOR SERVICES LABORATORY, INC			
Name of Corporation			
110000000000000000000000000000000000000			
DOCUMENT NUMBER: F22000006070			
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Christopher Childs			
Name of Contact Person			
Childs Watson, PLLC			
Firm/Company			
3271 E. Warm Springs Road			
Address			
Las Vegas, Nevada 89120			
City/State and Zip Code			
chris@childswatson.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please	call:		
Christopher Childs	at (702) 848-4533		
Name of Contact Person	at (702) 848-4533 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa			
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of chai	nge is submitte	d for a corporation orga	02, 607.1508, or 617.1508 nized under the laws of the tered agent, or both, in the	State of Delawa	are	
	-	DONOR SERVICES LA		Ž		
2. The principal	office address:	2085 E. Sahara Avenue, I	Las Vegas, Nevada 89104			
3. The mailing a	ddress (if differ	rent):				
4. Date of incorp	oration/qualific	cation: 09/28/2022	Document number:	F22000006070		
5. The name and	street address		agent and registered office			
	RESIGNED					
						~
6. The name and (if changed):	l street address	of the new registered age	ent (if changed) and /or reg	gistered office	> 32 - 27 - 28 - 28 - 28	2024 DEC -
	Capitol Corpor	ate Services, Inc.				9
	515 East Park	Avenue, 2nd Fl.				PH
		P.O. B	NOT acceptable		(2)	- -
	Tallahassee, Fl	orida 32301	<u>.</u>		===	8
The street addre	ess of its registe be identical.	ered office and the stree	et address of the business of	office of its regi	stered a	igent,
Such change was authorized by th	as authorized be ne board, or the	y resolution duly adopte corporation has been n	ed by its board of director. otified in writing of the cl	s or by an office hange.	er so	
Jac	ion Mah	food	Jason Mahfood, Preside	nt		
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointme to comply with d I am familia ng filed merely s been notified	nt as registered agent a the provisions of all sta with and accept the ob to reflect a change in t in writing of this chang	nd agree to act in this cap stutes relative to the prope digation of my position as he registered office addre e.	vacity. er and complete vregistered age ess, I hereby con	perforn nt. Or, ifirm the	nance if this at the
	Mary Foll	L	November 22, 2024			
Sig	nature of Registered	Agent	D:	ate		
If signing on be						
		nalf of Capitol Corporate	e Services, Inc.			
T	yped or Printed Nan	ne				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)