

F23000000677

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000396252 3)))



H240003962523ABCO

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

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

Email Address: krafferty@demarkfinancial.com

FILED  
2024 DEC -2 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

REGISTERED AGENT CHANGE  
ARESPO BIOPHARMA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
2024 DEC -2 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

T. Greene

12-2-24

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ARESPO BIOPHARMA, INC.  
Name of Corporation

DOCUMENT NUMBER: F23000000677

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Christopher Powala

Name of Contact Person

ARESPO BIOPHARMA, INC.

Firm/Company

3661 BAY CREEK DRIVE

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

krafferty@demarkfinancial.com

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

For further information concerning this matter, please call:

Georgina Vega

Name of Contact Person

at ( 800 )

567-4307

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

CR2E045 (04/13)

(((H24000396252 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARESPO BIOPHARMA, INC.
2. The principal office address: 3661 BAY CREEK DRIVE BONTA SPRINGS, FL 34134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/03/2023 document number: F23000000677
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC

3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

FILED  
2024 DEC -2 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

cc  
Signature of an officer or director

Christopher Powala President & CEO  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

12/2/2024

Date

If signing on behalf of an entity:

Georgian Vega Asst. Secretary  
Typed or Printed Name

\*\*\* 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)

(((H24000396252 3)))