F23000005538

| (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: | | | | |
| | | | | |
| J. HORNE | | | | |
| MAR 1 8 2025 | | | | |
| | | | | |

Office Use Only



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CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

03/17/2025

Date:

wil SW Acc#I20160000072 Name: Center for Aquaculture Technologies, Inc. Document #: Order #: 16173088 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Filing: 🗸 Certified: Email Address for Annual Report Notifications: Plain: COGS: Availability ____ 43.75 Amount: \$ Document ____ Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____ Ref# __

Thank you!

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

| statement of cha | provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe | ized under the laws of the State of Dela | ware | |
|---|--|--|--|--|
| _ | the corporation: CENTER FOR AQUACU | | | |
| 2. The principal | office address: 8445 CAMINO SANTA FI | E, SUITE 104, SAN DIEGO, CA 92121 | | |
| | | | | |
| 3. The mailing a | address (if different): | <u> </u> | | |
| 4. Date of incorp | poration/qualification: 09/26/2023 | Document number: F230000055 | 38 | |
| | I street address of the current registered a timent of State: (If resigned, enter resigne | | ne | |
| | REGISTERED AGENTS INC. | | | |
| | 7901 4TH STREET N STE 300 | | | |
| | ST PETERSBURG, FL 33702 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System 1200 South Pine Island Road P O Box NOT acceptable Plantation, Florida 33324 | | | | |
| | 1200 South Pine Island Road | | | |
| | P O Box Plantation, Florida 33324 | NOT acceptable | 至9. | |
| The street address changed will | ess of its registered office and the street be identical. | address of the business office of its re | gistered agent. | |
| | as authorized by resolution duly adopted to board, or the corporation has been no | | | |
| , | a Kozhina | Nina Kozhina - Director of Finance | | |
| ~ | re of an Officer of director | Printed or typed name and title | | |
| I further agree of my duties, and document is being corporation has | the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change. | utes relative to the proper and comple igation of my position as registered ag e registered office address, I hereby c | te performance gent. Or, if this onfirm that the | |
| C T Corporation | Churthy KCM/ | 3/12/2025 | | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | chalf of an entity: | | | |
| Christine Kelm, | Assistant Secretary | | | |
| 7 | yped or Printed Name | | | |
| | * * * FILING FF | EE: \$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)

By: