

L14000161577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

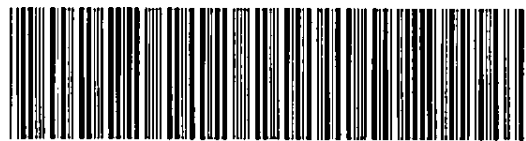
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 DEC 22 PM 1:17
TALLAHASSEE, FLORIDA

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DEC 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

EDUARDO BUILES
1412 TECH BLVD
TAMPA, FL 33619

SUBJECT: A2 LABSERVICES, LLC
Ref. Number: L14000161577

We have received your document for A2 LABSERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 317A00025048

2017 DEC 22 AM 11:28
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A2 LabServices, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Builes, Ph.D
Name of Person

A2 LabServices, LLC
Firm/Company

1412 Tech Blvd
Address

Tampa, FL 33619
City/State and Zip Code

DrBuiles@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Builes, Ph.D at (281) 635-2466
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14) Fee has been paid \$35.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: A2 Lab Services, LLC
2. (a) 1412 Tech Blvd Tampa, FL 33619 (b) P.O. Box 891300 Tampa FL 33689
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 10 / 16 / 2014 4. L14000161577
Date of filing/registration in Florida Document number

5. (a) Maria E. Arevalo
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1412 Tech Blvd
Tampa, FL 33619

- (b) Eduardo Builes, Ph.D.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7906 Hampton Lake Dr
Tampa, FL 33647

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maria E. Arevalo
Signature of a member or authorized representative of a member

Maria E. Arevalo
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Eduardo Builes
Signature of Registered Agent