## 118000015034

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## COVER LETTER

TO: Registration Section Division of Corporations						
BioGenics Health LLC						
Name	e of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	is matter to the following:					
Josh Russell						
Name of Person	944 <u>644</u>					
PC Commerce Ltd						
Firm/Company						
2256 Overlook Drive		2019 JAN 22				
Address		AH 2				
Walnut Creek, CA 94597		1-7				
City/State and Zip Code		50 <b>9</b>				
customersupport@ibcmerchantaccoun		(0) 14.4 1.7.5 1.4.4 16				
E-mail address: (to be used for future ann	nual report notification)	., ,				
For further information concerning this matter,	, please call:					
Josh Russell	at () <u>933-5030</u>					
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:						
S25 Filing Fee	■ \$25 Filing Fee					
INHS18 (2/14)						

## 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. N	lame of the limited liability company: BioGenics He	ealth LL	С	
2. (a)	BioGenics Health LLC	(b	BioGeni	cs Health LLC
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6885 46th Ln N		7780 49	th St N #230
	Pinellas Park, FL 33781		Pinellas	Park, FL 33781
	Jan 17, 2018		L180000	15034
3.	Date of filing/registration in Florida	4,		Document number
5. (a	Incorp Services, Inc.			
J. (H	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	5:
	17888 67th Court North			
	Registered Office Address	ADDRESS	<u> </u>	
	Loxahatchee , FL	33470		2019
(b)	Giselle Tesouro			AN C
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:	22
	7780 49th St N #230			
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Pinellas Park, FL	33781	<del></del>	
the chagent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regise ability confithe limited l	stered office mpany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I see in writing of this change.	ree to act performe d for in C hereby co	in this cape ance of my o Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signal	ure of Registered Agent			