

L180000134384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

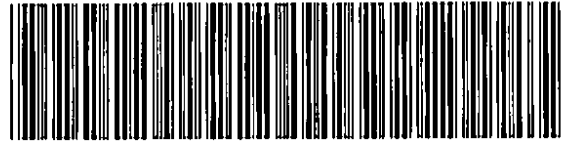
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TALLAHASSEE, FLORIDA

O. SIMMONS

AUG 13 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 341388 158753A

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : August 10, 2018

ORDER TIME : 1:34 PM

ORDER NO. : 341388-015

CUSTOMER NO: 158753A

CHANGE OF AGENT

NAME: CRISADE BIOTECH LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crisade Biotech 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:

Elizabeth Man-Wai Li

Name of Person

Golenbock Eiseman Assor Bell & Peskoe LLP

Firm/Company

711 Third Avenue, Floor 17

Address

New York, NY 10017

City/State and Zip Code

eli@golenbock.com

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

For further information concerning this matter, please call:

Elizabeth Man-Wai Li

Name of Person

at ( 212 )

907-7357

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

**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: Crisade Biotech LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

320 NE 12th Ave. Apt 506

Hallandale, FL 33009

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

320 NE 12th Ave. Apt 506

Hallandale, FL 33009

05/30/2018

L18000134384

3. Date of filing/registration in Florida

4. Document number

5. (a) Olutimilehin Adedeji

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

320 NE 12th Ave. Apt. 506

Hallandale Beach, FL 33009

(b) Gratziela Crisovan

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

320 NE 12th Ave. Apt 506

Hallandale, FL 33009

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AUG 10 AM 8:32  
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Elizabeth Man-Wai Li

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.*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00