LIECUARCEO

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
108	ty/State/Zip/Phone	. #0
(0)	ty/State/Zip/Prione	: #)
PICK-UP	MAIT	MAIL
(Bı	isiness Entity Nan	ne)
<u> </u>	ocument Number)	
(12	coment number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400318247704

09/14/18--01028--019 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Micro Medical DNA Name of Limited Liability Company	+ LLC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submit	itted for filing.	
Please return all correspondence concerning this matter to the following:		
John Oliver Name of Person	αα√ •••ς. 9 √•• 8	
Micro Medical DNA LCC Firm/Company		
4514 Cactos Ave	_ بي -	
Scrascta FL 3423 1 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	(1.cm)	
For further information concerning this matter, please call:		
John Oliver at (941) 66 2 Name of Person Area Code &	13 - 5582 Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDR Registration Section Division of Corpor Division of Corpor Tallahassee, Florida Tallahassee, Florida	n ations	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$55 Filing Fee & c	Certified Copy	

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. Name of the limited liability company: Micro M	edical DNA LLC	
2. (a) 4514 Cactus Ave Sarasota FL (b)	4514 Cactus Ave	
Principal office address of limited liability company:	Mailing address of limited liability company:	
(Note: MUST BE STREET ADDRESS) 34231	(Note: MAY BE POST OFFICE BOX)	
	Sarcusta FL 3423)	
2/30/90/8	T18000 908080	
3. Date of filing/registration in Florida 4.	Document number	
5. (a) United States Congretion Agents; Registered Agent and Registered Office shown on the records of the Florida De	pt. of State:	
13202 Winding Oak Court		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
Tanoa FL 33612	20 (11) 70	
, FL		
, 115	0 -	
(b) John Oliver		
Enter name of NEW Registered Agent and/or NEW Registered Office address	<u>-</u>	
4514 Cactus Aug		
NEW Registered Office Address:		
<u> </u>		
		
Swasota FL 342	181	
If the limited liability company is not organized under the laws of the Sta	ate of Florida, it is hereby confirmed that after	
the change or changes are made, the Florida street address of the register agent will be identical. Or, in the case of a Florida limited liability comp	ed office and the business office of the registered pany, it is hereby confirmed that the change(s)	
was/were authorized by an affirmative vote of the members of the limited the articles of organization on the operating agreement of the limited liab	d liability company or as otherwise provided in	
the arricles of organization of the operating agreement of the immediate	John Oliver	
Signature of a member or author/bet representative of a member	Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Chatto merely reflect a change in the registered office address, I hereby confinctified in realing of this change.	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Signature of Registered Agent		
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (2/14)