

# W18000252124

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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SECRETARY OF STATE

**LLC REGISTERED AGENT CHANGE  
LONGEVITY BIOIMAGING CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S/S 5/12/21

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**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:

LONGEVITY BIOIMAGING CENTER LLC

2. (a) 222 LITCHEFORD CT.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)(b) 222 LITCHEFORD CT.

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)ST. LOUIS, MO 63141ST. LOUIS, MO 6314110/26/2018

3. Date of filing/registration in Florida

L18000252124

4. Document number

5. (a) Duval, Scott

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

4130 Bayhead Dr Unit 205

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bonita Springs, FL 34134(b) Capitol Corporate Services, Inc.Enter name of NEW Registered Agent and/or NEW Registered Office address:515 East Park Avenue 2nd FlNEW Registered Office Address:Tallahassee, FL 32301

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.

thomas compere

Signature of a member or authorized representative of a member

Tom Compere, CFO

Printed or typed name of signee

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.

Delanie Case

Signature of Registered Agent

Delanie Case, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

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

FILING FEE: \$25.00

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