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| (Re | questor's Name) | | | | | | |
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| (City | y/State/Zip/Phon | e #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Bus | siness Entity Nar | пе) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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JM 24 293 T. LEMEUX

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---|--|--|--|--|
| SUBJECT: SpliceLogic, LLC | | | | | |
| Name of | Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | | |
| Natalia Ignatyeva | | | | | |
| Name of Person | | | | | |
| Firm/Company | | | | | |
| Firm/Company | | | | | |
| 185 SW 7th St #2105 | | | | | |
| Address | | | | | |
| Miami, FL 33130 | | | | | |
| City/State and Zip Code | | | | | |
| natalia@splicelogic.com | | | | | |
| E-mail address: (to be used for future annual r | eport notification) | | | | |
| For further information concerning this matter, plea | se call: | | | | |
| Natalia Ignatyeva | 773 999-0909 | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| ☑ \$25 Filing Fee | □ \$55 Filing Fee & 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.

| . Na | me of the limited liability company: SpliceLogic, L | LC | | | | | | |
|---------------------------|--|---|--|--|--|--|--|--|
| . (a) | 185 SW 7th St #2105 | ({ | 185 SV | V 7th \$ | 7th St #2105 | | | |
| . (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | | |
| | Miami, FL 33130 | | Miami, FL 33130 | | | | | |
| | 27 Dec 2018 | _ | L190000 | 001108 | 3 | | - · · · · · · · · · · · · · · · · · · · | |
| | Date of filing/registration in Florida | 4. | | Docu | ment nu | ımber | | |
| (a) | UNITED STATES CORPORATION AGENTS | S, INC. | | | | | | |
| | Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT Registered Office Address (MUST BE FLORIDA STREET A | | | .te: | | | | |
| | A | DURES | 27 | | <u>;</u> | 2019 | | |
| | TAMPA ,FL | 33612 | | _ | : | JAN . | in marks in mar | |
| (0). | Natalia Ignatyeva Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office ad | dress: | _ | · · · | - م 1 | | |
| | 185 SW 7th St #2105 | | | | · | জ ভ | | |
| | NEW Registered Office Address: | | | _ | | | | |
| | Maimi FL. | 33130 | | _ | | | | |
| e char gent w as/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regibility control the linited | stered offic ompany, it nited liabili | e and the second to the second | he busing by conting by cany or | ness officirmed tha | e of the registere the change(s) | |
| Signati | are of a member or authorized representative of a member | | | Printe | d or typed | d name of s | ignee | |
| ovisio e obli mere | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I have in writing of this change. | re to ac perform for in (ereby c | t in this cap ance of my Chapter 60 onfirm that | pacity. duties, 5, F.S. the lim | I furthe and I a Or, if to ited lia | er agree t um familio his docun shility con | o comply with the ar with and accep nent is being filed npany has been | |
| gnatur | e of Registered Agent | | | | | | | |