

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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Emai	l Address	:		

LLC REGISTERED AGENT CHANGE WORD SCIENCES LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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.

I. N	ame of the limited liability company: VVOIQ	Sciences I	_LC
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	06/13/19 Date of filing/registration in Florida		9000156582 Document number
	DANIMAANI MAINA	₹.	Document number
5. (a)	Registered Agent and Registered Office shown on the reco	. of State:	
	Registered Office Address (MUST BE FLORIDA STR		
	WESTON	_{.FL} 33326	
.1.	Registered Agents Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Regi	 :	
	7901 4th St N		
	NEW Registered Office Address: STE 300		
	St. Petersburg	, _{FL} 33702	
the ch agent was/w	limited liability company is not organized under the liange or changes are made, the Florida street addressed be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the registere ted liability compa bers of the limited of the limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	ature of a member of authorized representative of a member	_ Riley I	Printed or typed name of signee
r J	eby accept the appointment as registered agent an sions of all statutes relative to the proper and com oligations of my position as registered agent as pro- rely reflect a change in the registered office addre- yed in writing of this change.	nd agree to act in to plete performance ovided for in Chap www. I hereby confir	his cannain. I further carea to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent