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

Email Address:_

LLC REGISTERED AGENT CHANGE **BIOME LLC**

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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

11220 MICTV ICLE LN
(b) 11320 MISTY ISLE LN
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
RIVERVIEW, FL 33579
L20000137441
4. Document number
Florida Dept. of State:
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3702

ď was/were authorized by an affirmative vote of the members of the limited liability company or as other the articles of organization or the operating agreement of the limited liability company.

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D. P.	Riley Park
Signature of a member or authorized representative of a member	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 be change in the registered office address. I hereby confirm that the limited liability company has been notified to writing at this change. notified in writing of this change.

- Assistant Secretary Bill Havre

Signature of Registered Agent