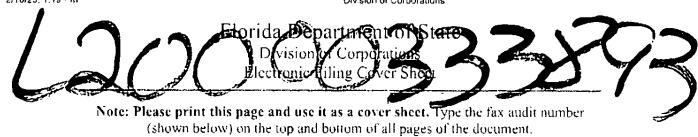
2/10/23, 1:19 PM

Division of Corporations



(((H23000054360 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE LUMINOLOGY SCIENTIFIC COMMUNICATIONS LLC

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge \$55.00

2.1

Electronic Filing Menu Corporate Filing Menu

Help

FE3 13 4.21

To:

DocuSign Envelope ID: E6560AE7-3C72-4126-BCE6-C790A5E94B2E

## 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: LUMINOLOGY SCIENTIFIC COMMUNICATIONS LLC					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0/_		ing address of limited ote: MAYBE POST	liability company: OFFICE BOX
	3550 UNIVERSITY BOULEVARD SOUTH SUITE 101				
	JACKSONVILLE, FL 32216				
	10/29/2020	L20	0000333893		
3.	Date of filing/registration in Florida	4.	Do	cument number	
5. (a)					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: EPSTEIN, BENJAMIN J				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3550 UNIVERSITY BOULEVARD SOUTH SUITE 101					
	JACKSONVILLE , FL 3	2216		. تَعَلَقُ	2023 FEB
(b)	C T Corporation System				FEB - 1
(5)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				B 10 PM 12: 27
					112:
	NEW Registered Office Address:				27
	1200 South Pine Island Road	_			·
	Plantation, FL_	33324			
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of the operating agreement of the Plandum.	he register pility comp the limite	red office and pany, it is her d liability co	d the business off reby confirmed th impany or as othe	ice of the registered at the change(s) rwise provided in
Signal	ture of a member or authorized representative of a member		Prin	nted or typed name o	signee
provisi the obl to merc notified By:	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ity reflect a change in the registered office address. The I in writing of this change. CT Corporation System	e to act in erformand for in Che reby conf	this capacity ce of my duti upter 605, F., irm that the i	v. I further agree es, and I am Jami S. Or, if this doct limited liability co	to comply with the liar with and accept iment is being filed impany has been
Signatu	re of Registered Agent				