

L22000225709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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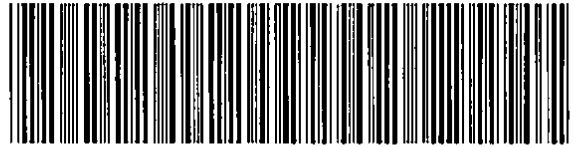
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL


A. BUTLER

JUN 12 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 794993 8176261

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : July 8, 2022

ORDER TIME : 8:59 AM

ORDER NO. : 794993-010

CUSTOMER NO: 8176261

CHANGE OF AGENT

NAME: BIOALLIANCE RESOURCE  
MANAGEMENT SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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: BIOALLIANCE RESOURCE MANAGEMENT SERVICES, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>2075 CENTRE POINTE BLVD, STE 103 STE 103</u> <u>TALLAHASSEE, FL 32308</u>	(b) _____ Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>2075 CENTRE POINTE BLVD, STE 103 STE 103</u> <u>TALLAHASSEE, FL 32308</u>
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3. <u>05/13/2022</u> Date of filing/registration in Florida	4. <u>L22000225709</u> Document number
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5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CRUM, LARRY D  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2849 PABLO AVE STE 1  
TALLAHASSEE, FL 32308

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Corporation Service Company  
**NEW** Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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.

/s/ Brett Miller  
Signature of a member or authorized representative of a member

Brett Miller, Authorized Person  
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.*

Grace E. Kirby  
Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

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