

10/22/24, 2:29 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L24000423571

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(((H24000352790 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
 Account Number : I20120000007
 Phone : (702)866-2500
 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

**LLC REGISTERED AGENT CHANGE
 BIOMETRICA FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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OCT 30 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

((H24000352790 3)))

SUBJECT: Biometrica Florida LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgia Dorsam

Name of Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Dorsam on behalf of InCorp Services, Inc. 800-246-2677
at

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H24000352790 3)))

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: Biometrica Florida LLC

2. (a) 5601 Corporate Way STE 106

Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

West Palm Beach, FL 33407

(b) 13364 BERNOULLI WAY

Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

PALM BEACH GARDENS, FL 33418

10/01/2024

3. Date of filing/registration in Florida

L24000423571

4. Document number

5. (a) CHRISTIAN S MAYER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

13364 BERNOULLI WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDENS, FL 33418

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address

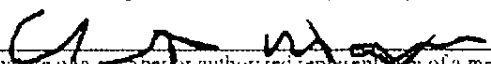
3458 Lakeshore Drive

NEW Registered Office Address

Tallahassee, FL 32312

APPROVED
AND
FILED
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TALLAHASSEE, FL
CLERK OF STATE

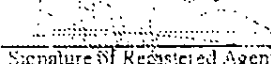
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

CHRISTIAN Mayer

Printed or typed name of signer

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.


Signature of Registered Agent

Louise Breytenbach on behalf of InCorp Services, Inc.

(((H24000352790 3)))

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00