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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docum	ent Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to Filin	a Officer	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
	CELLXION, LLC  f Limited Liability Company	
SUBJECT:	CELLXION, LLC	
Name of	f Limited Liability Company	
Dear Sir or Madam:	7	
Dear Sir or Madain.		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Tina Ware		
Name of Person		
CELLXION, LLC		
Firm/Company		
5031 Hazel Jones Rd.		
Address		
Bossier City, LA 71111 City/State and Zip Code		
City/State and Zip Code		
tware@cellxion.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this ma	atter please call	
To further information concerning this inc	iner, preuse earr.	
Tina Ware	at ( 318 ) 213-2840	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	CELLXION, LLC	
2. (a) Principal office address of limited liability company	5031 HAZEL JONES RD	
(Note: MUST BE STREET ADDRESS)	BOSSIER CITY LA 71111	
(b) Mailing address of limited liability company:	5031 HAZEL JONES RD.	
(Note: MAY BE POST OFFICE BOX)	BOSSIER CITY LA 71111	
08/28/2001	M01000001983	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
Registered Agent:	SCHOONOVER, STEVEN L	
Registered Office Address:	24 SCHOONS WAY SANTA ROSA BEACH FL 32459 US	
<ul><li><u>NEW</u> Registered Agent:</li><li><u>NEW</u> Registered Office Address:</li></ul>	C T Corporation System  1200 South Pine Island Road	
<del></del>	1200 South Pine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	Plantation, ,FL33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Tames C. Dense  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions.	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company C T Corporation System  Signature of Registered Agent	stiton as registered agent as provided for the rely reflect a change in the registered office whas been notified in writing of this change.	

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