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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CELLXION, LLC**

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Fax Audit #190003421413
**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: CELLXION, LLC
2. (a) 5031 Hazel Jones Road
 Principal office address of limited liability company
 (Note: MUST BE STREET ADDRESS)
Bossier City, Louisiana 71111
- (b) 5031 Hazel Jones Road
 Mailing address of limited liability company:
 (Note: MAY BE POST OFFICE BOX)
Bossier City, Louisiana 71111
3. 8/28/2001
 Date of filing registration in Florida
4. M01000001983
 Document number
5. (a) C T Corporation System
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324
- (b) Business Filings Incorporated
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1200 South Pine Island Road
NEW Registered Office Address:
Plantation, FL 33324

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.

Thomas Jagielski
 Signature of a member or authorized representative of a member

Thomas Jagielski, Manager

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.

Mark Williams
 Signature of Registered Agent

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