Florida Départment of State Division of Corporations L'Electropic Eiling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000288879 3)))



H240002888793ABCF

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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:		

COTHER OF THE OBJECT OF THE OB

LLC REGISTERED AGENT CHANGE DCI BIOLOGICALS TEMPLE TERRACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY AUG 2 9 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000288879 3

COVER LETTER

	istration Section sion of Corporations						
SUBJECT:	DCI BIOLOGICALS TEMPLE TERRACE, LLC Name of Limited Liability Company						
Dear Sir or l	Madam:						
The enclosed	d Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.				
Please return	all correspondence concerni-	ng this matter to the	e following:				
Alicia Richar	rds						
	Name of Person						
Registered A	gent Solutions, Inc.						
	Firm/Company		<u> </u>				
Corporate Ce	nter One, 5301 Southwest Pkwy	. Ste 400					
	Address						
Austin, TX 7	8735						
	City/State and Zip Co	ode					
E-mail	address; (to be used for future	e annual report noti	fication)				
For further in	nformation concerning this ma	atter, please call:					
Alicia Richar	ds	888 at (705-7274				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the follow	wing amount:					
□ \$3	25 Filing Fee		555 Filing Fee & Certified Copy				

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.

(a)	2801 Via Fortuna	(b	2801 Via	Fortuna
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Nate: MAYBE POST OFFICE BOX)
	Suite 4(M)	_	Suite 400	
	Austin, TX 78746	_	Austin, TX	X 78746
	7/8/2003		M03000002	2206
(a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number
	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	ne Florida	Dept. of State	
	Registered Office Address	DDRESS	!	24 AUG 28 AM 1: 55 ALLAHASSEE FLORID
	TALLAHASSEE , FL	32301		SEF. FLOAD
(b)	Registered Agent Solutions, Inc.			0.310
	finter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ado	l <u>ress</u> :	
	2894 Remington Green Ln.			
	NEW Registered Office Address:	-		•
	Ste. A			-
	Tallahassee, FL	32308		_
ange ent w is/we e artic	mited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered wility con the limi imited li	I office and upany, it is ted liability ability con	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
,	Evan Selig ure of a member or authorized representative of a member	Evan	Selig	Member
ignat				Printed or typed name of signee
	by accept the appointment as registered agent and agre	e to act i	n this cape	icity. I further agree to comply with the
ovisie vobli mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the writing of this change.	erjorma for in C weby coi	nce of my c hapter 605 ufirm that (tuties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent