

M11 0000004105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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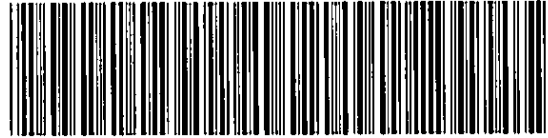
(Business Entity Name)

(Document Number)

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2023 NOV 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 151057 7515135

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 28, 2023

ORDER TIME : 2:50 PM

ORDER NO. : 151057-031

CUSTOMER NO: 7515135

CHANGE OF AGENT

NAME: SOLSTICE NEUROSCIENCES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

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.

FILED
2023 NOV 28 PM 3:01
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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