

**mis000003769**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
CELLBLOX ACQUISITIONS, LLC**

Certificate of Status	0
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Corporate Filing Menu

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**S. WARREN**

**NOV 14 2017**

2017 NOV 13 PM 5:07  
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17 NOV 13 AM 8:43  
RECEIVED IN STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CELLBLOX ACQUISITIONS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legal Department

Name of Person

c/o Platinum Equity Advisors, LLC

Firm/Company

360 North Crescent Drive, South Building

Address

Beverly Hills, CA 90210

City/State and Zip Code

CSAUCEDO@PLATINUMEQUITY.COM

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

For further information concerning this matter, please call:

Name of Person at (310) 228-9678  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN11S18 (2/14)

# 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: CELLBLOX ACQUISITIONS, LLC
2. (a) no change  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
14651 Dallas Pkwy, 6th Floor  
Dallas, TX, 75254
- (b) no change  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
360 North Crescent Drive, South Building  
Beverly Hills, CA 90210
3. 05/14/2015  
Date of filing/registration in Florida
4. M15000003769  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
NRAI SERVICES, INC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
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.

Barbara Velasco  
Signature of a member or authorized representative of a member

Barbara Velasco

Printed or typed name of signee

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.

By: C T Corporation System  
Signature of Registered Agent

Alfred Younan  
**Assistant Secretary**

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

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