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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 952903 \_\_\_\_\_ 8279525 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : August 11, 2021 ORDER TIME : 9:34 AM ORDER NO. : 952903-003 CUSTOMER NO: 8279525 CHANGE OF AGENT NAME: ANALYTX, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

- CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland

1201 Hays Street

## 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. Na	ume of the limited liability company:	ANALYTX, LLC						
2. (a)	55 East 52nd Street c/o DMLT, LLC	ast 52nd Street c/o DMLT, LLC			(b) 55 East 52nd Street c/o DMLT, LLC			
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  New York, NY 10055		(.		Mailing address of limited (Note: MAY BE POST			
			New York, NY 10055					
	08/03/2015			M150000	06107			
3.	Date of filing/registration in	ı Florida	4.		Document number			
5. (a)	BUSINESS FILINGS INCORPORA	TED						
(b)	Registered Agent and Registered Office sho	wn on the records of the	he Florid	a Dept. of Sta	le:			
	1200 South Pine Island Road							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del></del>			
	Plantation		33324		_	~;		
	Plantation,	, FL.	33324		_			
	Enter name of NEW Registered Agent and	or NEW Registered	Office ad	ldress:	_	; 		
	Table have of the second second and		tymic up			<del>:</del>		
	Corporation Service Company					7: [1]		
	NEW Registered Office Address:	<b> </b>			_			
	1201 Hays Street							
					_			
	Tallahassee		32301					
		, FL_			<del>-</del>			
hange igent v vas/wo	imited liability company is not organion or changes are made, the Florida strovill be identical. Or, in the case of a large authorized by an affirmative vote cles of organization or the operating	eet address of the i Florida limited lial of the members of	registere bility co f the lin	ed office an impany, it i nited liabilit	nd the business office of shereby confirmed the company or as other	of the registered at the change(s)		
	Xee & Come		Jill	Cilmi, Autho	orized Person			
Signat	ture of a member or authorized representative	of a member			Printed or typed name of	`signee		
rovisi he obl. o mere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered live reflect a change in the registered fin writing of this change.	ed agent and agre oer and complete p agent as provided office address, I h	e to act perform for in ( ereby co	in this cap ance of my Thapter 602 onfirm that	acity. I further agree duties, and I am famil 5. F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been		
<u>لـ</u> _	Irace Cornole		Grace	E. Kirby, A	Asst. Vice President			
Signatui	re of Registered Agent \							