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(R	Requestor's Name)	
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(A	ddress)	
(C	City/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
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(É	Susiness Entity Name	
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Certified Copies	Certificates	of Status
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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 531464 7608874				
AUTHORIZATION: Smelle man				
COST LIMIT : \$ 25.00				
ORDER DATE: March 7, 2022				
ORDER TIME : 1:48 PM				
ORDER NO. : 531464-023				
CUSTOMER NO: 7608874				
CHANGE OF AGENT				
NAME: RECEPT ONE, LLC				
Mana. Macati ona, asc				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
AA LUAIN CIMPED COFT				
CONTACT PERSON: Alexxis Weiland				

EXAMINER'S INITIALS: \_\_

## 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. N	lame of the limited liability company: RECEPT ONE	, LLC			
2. (a)	590 E. Middlefield Road	(b)	(h) 590 E. Middlefield Road		
2. (11)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Mountain View, CA 94043		Mountain View, CA 94043		
	01/13/2016		116000000356		
3.	Date of filing/registration in Florida	— 4.	Document number		
5. (a	)				
J. (u	Registered Agent and Registered Office shown on the records of DENARDO, CARMINE	fthe Florida D			
	Registered Office Address (MUST BE FLORIDA STREET) 210 BAYVIEW AVE.	ADDRESS)	2022 15.68		
	NAPLES F.	, 34108	 :::		
(b)	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company	d Office addr	<u>ew</u> : 23		
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, F	J. 32301			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability com of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
/s/ Jo	oseph Spears	Josep	h Spears, Authorized Person		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mei	eby accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	r performan	ce of my duties, and I am familiar with and accept		
XX Signar	Grace E. Kirby, A. urc of Registered Agent	sst. Vice Pr	esident		