

11/28/2017

2017-11-28 09:51:42 CST

16144554862 From: James Tanks

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Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6333

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
 SYMBIOMIX THERAPEUTICS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2017 NOV 28 AM 11:46

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Symbiomix Therapeutics, 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:

Mary Ambacher

Name of Person

Brown Rudnick LLP

Firm/Company

1 Financial Center

Address

Boston, MA 02111

City/State and Zip Code

mambacher@brownrudnick.com

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

For further information concerning this matter, please call:

Mary Ambacher

at (617)

856-8445

Name of Person

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

INHS18 (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: Symbiomix Therapeutics, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
111 S. Calvert Street, 21st Floor
Baltimore, MD 21202
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
111 S. Calvert Street, 21st Floor
Baltimore, MD 21202
3. Date of filing/registration in Florida June 21, 2017
4. Document number M17000005277
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Corporation Service Company
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301
- (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.

Signature of a member or authorized representative of a member

Sean Moriarty, Secretary

Printed or typed name of signer

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

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

INHS18 (2/14)