

M18000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

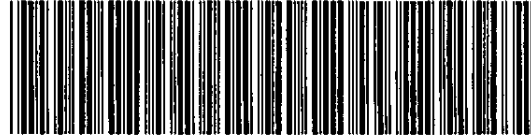
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 APR - 9 AM 9:43

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APR 12 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NANO BOOSTS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP JOSEPHSON

Name of Person

STERLING BUSINESS LAW

Firm/Company

2665 S. BAYSHORE DRIVE, PH2B

Address

MIAMI, FL 33133

City/State and Zip Code

pjosephson@sterlingbusinesslaw.com

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

For further information concerning this matter, please call:

PHILIP JOSEPHSON at ( 305 ) 2857970  
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      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NANO BOOSTS LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000000271

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JANUARY 10, 2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: DISRUPTION LABS LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

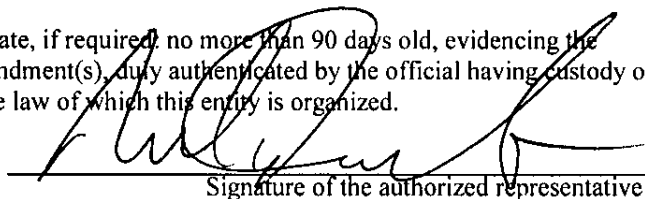
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

**PHILIP JOSEPHSON**

Typed or printed name of signee

Filing Fee: \$25.00

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "DISRUPTION LABS LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:


CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017, AT 5:08 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NANO BOOSTS LLC" TO "RESET BIOSCIENCE LLC", FILED THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2018, AT 3:15 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "RESET BIOSCIENCE LLC" TO "DISRUPTION LABS LLC", FILED THE TWENTY-SIXTH DAY OF MARCH, A.D. 2018, AT 2:18 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "DISRUPTION LABS LLC".



  
Jeffrey W. Bullock, Secretary of State

6627191 8100H  
SR# 20182299217

Authentication: 202423851  
Date: 03-29-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

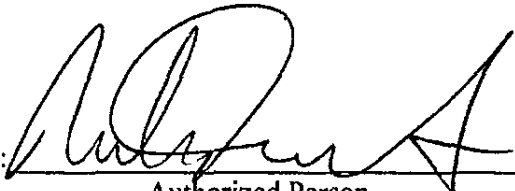
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:08 PM 11/21/2017  
FILED 05:08 PM 11/21/2017  
SR 20177201341 - File Number 6627191

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is NANO BOOSTS LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 3411 SILVERSIDE ROAD, TATNALL BUILDING, STE. 104 (street), in the City of WILMINGTON, Zip Code 19810. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is CORPORATE CREATIONS NETWORK INC.

By:   
Authorized Person

Name: PHILIP JOSEPHSON

Print or Type

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
NANO BOOSTS LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

THE ENTITY'S NAME SHALL BE CHANGED. THE NEW ENTITY  
NAME SHALL BE: RESET BIOSCIENCE LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 26th day of FEBRUARY, A.D. 2018.

By: 

Authorized Person(s)

Name: PHILIP JOSEPHSON

Print or Type

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: RESET BIOSCIENCE LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

THE ENTITY'S NAME SHALL BE CHANGED. THE NEW ENTITY  
NAME SHALL BE:  
  
DISRUPTION LABS LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 26th day of MARCH, A.D. 2018.

By: 

Authorized Person(s)

Name: PHILIP JOSEPHSON

Print or Type