Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003386953)))



H190003386953ABCB

To:					2019 NOV 19	T
	Division of Corpor Fax Number : (**************************************	. 19	; ; ;
From:	Account Name : R Account Number : I Phone : (Fax Number : (20090000081 307)200-2803 855)330-1010		ed for futur	PH 8: 29	
annual	report mailings. En	ter only one em	ail address p	olease.**	-	
annual	report mailings. Ent	ter only one em	ail address p	olease.**	<u>s</u> r	- 2013?
annual	report mailings. Ent	ter only one em	ail address p	olease.**	S T NOV 201	- ?0:0
annual	report mailings. Ent	RED AGENT	ail address p	olease.**	<u>s</u> r	- 78 i9
annual	report mailings. Ent Address: LLC REGISTE COI	RED AGENT	CHANGE 0 0	olease.**	<u>s</u> r	- ?©i9
annual	Address: LLC REGISTE COL Certificate of Status	RED AGENT	CHANGE	olease.**	<u>s</u> r	- ?019

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

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

Floride	a.	- 10 110			
1. Na	ame of the limited liability company: CoLab	S IP, LLC	,		
2. (a)	100 E Madison St		(b) 100 E Madison St		
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of lim (Note: MAY BE PO	ited liability company: OST OFFICE BOX)	
	Suite 300		Suite 300		
	TAMPA, FL 33602	<u>T</u>	AMPA, FL 33602		
	02/02/18	М	18000001192		
3.	Date of filing/registration in Florida	4,	Document number	:1'	
5. (a)	TK REGISTERED AGENT, INC.				
., (11)	Registered Agent and Registered Office shown on the recon	ds of the Florida De	pt, of State:	- 20 - 20	
	101 E KENNEDY BLVD			9	
	Registered Office Address (MUST BE FLORIDA STR		OV I		
	SUITE 2700			2019 NOV 19 P	
	Tampa	_{. FL} 33602	****		
(b)	Northwest Registered Ager		<u></u>	PH 8: 29	
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	_, FL_33702			
the ch agent	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membalicles of organization or the operating agreement or	ess of the registe ted liability com bers of the limite	red office and the ousiness pany, it is hereby confirme d liability company or as o	d that the change(s)	
	Margan Jakan		an Noble		

Margan Jakan	Mor
Signature of a member or authorized representative of a member	

Printed or typed name of signee

Thereby 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 the change.

Therefore, Assistant Secretary

Signature of Registered Agent