M1800000 8453

(Re	questor's Name)			
(Ad-	dress)			
	dress)			
(Au	uiess)			
(Cit	y/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(D.)	siness Entity Name)			
(Bu	siness Entity Name)			
(Do	cument Number)			
Certified Copies	Certificates of	Status		
	-			
Special Instructions to Filing Officer:				
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115 N CALHOWN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: June 21, 2023	Account#: 120000000088
Name: Claudia Camilus	
Reference #:	
Entity Name: EAST COAST BIOLOGICS, LLC	_
Articles of Incorporation/Authorization to Transact Busine	ss
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: 25 - W	
Signature:	

-1.212.947.7200

COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

SUBJECT:	East Co	ast Biologics, LLC	
	Name of Lin	mited Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/R	egistered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matte	r to the following:	
Jessi Ro	omero		
Name of	Person		
Winters & I	King, Inc.		
Firm/Cor	npany		
2448 E 81st Street, Ste 5900			
Addres	S		
Tulsa, Ok			
City/State an	d Zip Code		
Jromero@wint		- Contract C	
E-mail address: (to be used	•	·	
For further information concerning	g this matter, please	call:	
	at ()	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER AI	DDRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building	, ,	P.O. Box 6327	
2661 Executive Center Ci Tallahassee, Florida 3230		Taliahassee, Florida 32314	
Enclosed is a check for t	he following amoun	t:	
■ \$25 Filing Fee		□ \$55 Filing Fee & Certified Copy	

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	me of the limited liability company:		East Coas	t Biologics, LLC
2. (a)	17888 67TH COURT NORTH	ď	b)	17888 67TH COURT NORTH
- · (, ,-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		LOXAHATCHEE, FL 33470	_		LOXAHATCHEE, FL 33470
		09/10/2018	_ -		M18000008453
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	INCORP SERVICES, INC.			_
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat		e 7973	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		3458 LAKESHORE DRIVE			- 22
		TALLAHASSEE, FL	;	32312	
(b)	ъ)	Cogency Global Inc.			2: 44 STATE
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		ं ति €	
		115 North Calhoun Street, Suite 4	,		
		NEW Registered Office Address:			_
		Tallebasso		22204	_
		Tallahassee , FL	•	32301	_
the ager	cha nt w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cless of organization or the operating agreement of the	the reg bility of f the lin limited	istered offic company, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
	,	/	n	Michael	T. King Printed or typed name of signee
	- •	ture of a member of authorized representative of a member			
pro the to n	viși obl nere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ee to ac perform I for in tereby c	ct in this cap nance of my Chapter 60. confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
106	Also.	BILLA LIMPLETT A	njelica M	cNett - Assistar	nt Secretary