

11/11/22, 2:54 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M20000386400 11973

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.

(((H22000386400 3)))



H220003864003ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LBIRCH@ACTIN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACTIN BIOMED LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$30.00 |

APPROVED
AND
FILED
2022 NOV 14 PM 2:21
FACILITY: STATE
FACILITY: STATE

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 15 2022
< Brumley

DocuSign Envelope ID: C454BAD6-8EE2-4486-BF78-D9AB3E4D48D5

H22000386400

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: ACTIN BIOMED 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: M200000119733. Jurisdiction of its organization: DELAWARE4. Date authorized to do business in Florida: DECEMBER 29, 2020

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

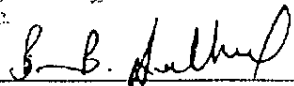
5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(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: HUBCO REGISTERED AGENT SERVICES, INC.New Registered Office Address: 155 OFFICE PLAZA DRIVE, 1ST FLOOR*Enter Florida Street Address*TALLAHASSEEFlorida32301*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

 APPROVED
AND
FILED
2022 NOV 14 PM 2:21
TALLAHASSEE, FL

DocuSign Envelope ID: C454BAD6-8EE2-4486-BF78-D9AB3E4D48D5

H22000386400

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)(c), 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 |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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.

DocuSign by:
MICHAEL WEISER

Signature of the authorized representative

MICHAEL WEISER

Typed or printed name of signee