M21000007564

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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A. BUTLER
JUL 21 2022

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. N	ame of the limited liability company: ESI LABORATO	RY, LL	С		
2. (a)	851 NE IST AVE		(b) 67-27 168TH STREET		
_ (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	UNIT 3409		FRESH MI	EADOWS, NY 11365	
	MIAMI, FL 33132				
	06 09/2021		M21000007	564	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	MICHAEL WILL				
e. (ur	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 851 NE 1ST AVE			- !:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) UNIT 3409			•	
	MIAMI , FL	33132		•	
	MARTIN T. SCHRIER, ESQ.			•	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	200 S BISCAYNE BLVD.				
	NEW Registered Office Address:				
	SUITE 3000				
	MIAMI , FL	33131			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of th registe ability of the linited	red office and ompany, it is nited liability liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
——————————————————————————————————————	ture of a member or authorized representative of a member		CHARL WILL	. AUTHORIZED REPRESENTATIVE Printed or typed name of signee	
I here provisi the obl to mere	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.	Deriorn	iance of my d	wity. I further agree to comply with the	
Signatu	re of Registered Agent				

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