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(Requestor's Name)	
(Address)	—
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(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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05/23/2022

D	ate:	05/23/2022	- will
		Acc#I20160000072	4: () = V
Name:	RMG AF	RT Laboratories, LLC	
Document #:			
Order #:	1430606	3 - 34	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination:	
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Thank you!

•		COVER LETTER					
	egistration Section ivision of Corporations						
SUBJEC	RMG ART LABORATORIES, LLC						
	Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please rett	urn all correspondence concerning thi	s matter to the following:					
Monika Vo	eleva						
	Name of Person						
Inception I	Fertility						
	Firm/Company						
4828 Loop	Central Dr. Suite 900						
	Address						
Houston, T	Texas 77081						
	City/State and Zip Code						
E-m	ail address: (to be used for future ann	ual report notification)					
For furthe	er information concerning this matter,	please call:					
		at ()					
	Name of Person	at ()					
R D C 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
E	nclosed is a check for the following	amount:					
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

FLOIS - 2/12/2019 Walters Kloss or Onl

INHS18 (2/14)

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

Na	me of the limited liability company: RMG ART LABO	RATOR	IES, LLC	
(a)	5245 E. FLETCHER AVE., STE. I	(b	ı)	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33617	_		
	11/19/2021	_	M2100001	5643
	Date of filing/registration in Florida	4.		Document number
(a)	WEINGART, CHRISTINE L, ESQ.			_
, ,	Registered Agent and Registered Office shown on the records of t	he Florida	i Dept. of Sta	te:
	315 E. ROBINSON ST., STE, 600			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	
	ORLANDO, FL	32801		2022 MAY 23
(b)	C T Corporation System			17 23
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	23 AM 9: 42
	NEW Registered Office Address:			- 1E 42
	1200 South Pine Island Road	<u> </u>		_
	Plantation, FL	33324		
e cha ent v is/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of change organization or the operating agreement of the	the regi ability co f the lin limited	stered offic ompany, it nited liabili	ce and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
201610	1040-06/4Finember or authorized representative of a member			Printed or typed name of signee
heret ovisi e obl mere	by accept the appointment as registered agent and agroups 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. If they writing of this change. (1) CTACompletion System Sandra Zwijack, Assistant	perform I for in (iereby c	ance of my Chapter 60 onfirm thai	pacity. I further agree to comply with t