N20000 000 690

(Requestor's Name)					
(Address)					
` ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(During Fath Mann)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
_					
Special Instructions to Filing Officer:					

Office Use Only



300375407443

10/25/21--01020--024 **35.00

FILED
2021 OCT 25 PM 6: 36
TAILANASSY OF STATE

NOV 3 2021 S. PRATHER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: PHARMACOGENOMICS GLOBAL RESEARCH NETWORK INC Name of Corporation					
DOCUMENT NUMBER: N20000000690					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Maggie Muszelik					
Name of Contact Person					
TRAC - The Registered Agent Company					
Firm/Company					
715 Saint Paul Street					
Address					
Baltimore, MD 21202					
City/State and Zip Code					
agents@tracagents.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Maggie Muszelik at (410)752-2823 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orgo				
	er to change its registered office or regis		•		
1. The name of	the corporation: PHARMACOGENOMI	CS GLOBAL RESEARCH	NETWORK INC		
2. The principal	office address: 9037 RON DEN LANE,	WINDERMERE, FL 34786			
4. Date of incom	poration/qualification: 01/21/2020	Document number:	N2000000690		
5. The name and Florida Depar	l street address of the current registered trnent of State: (If resigned, enter resign	agent and registered office ned)	on file with the		
	SHEILAH F. JEWART				
	9037 RON DEN LANE				
	WINDERMERE, FL 34786				
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or reg	ristered office		
	TRAC - THE REGISTERED AGENT C	OMPANY	2021 ALL)		
	236 E 6TH AVENUE		2021 OCT 25 SCOKE JARY		
	P.O. Box NOT acceptable				
	TALLAHASSEE, FL 32303		PA PA		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business of			
Such change was authorized by the	as authorized by resolution duly adopte to board, or the corporation has been n	ed by its board of directors of the ch	s or by an officer so nange.		
- Jon	1	Sheilah F. Jewart	CEO		
•	the connection of director		d name and title		
I further agree to f my duties, and document is being corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this change	na agree to act in this cap tutes relative to the prope ligation of my position as he registered office addre. e.	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the		
THE	nature of Registered Agent	10 14 Z	2 \		
If signing on be	half of an entity:				
Maggie Muszelik	c, VP				
T	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *