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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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## REGISTERED AGENT CHANGE PHARMACOGENOMICS GLOBAL RESEARCH NETWORK INC

Certificate of Status	0
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Page Count	03
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## COVER LETTER

TO: Amendment Section Division of Corporations

Pharmacogenomics Global Research Network, Inc. SUBJECT: Name of Corporation N20000000690 DOCUMENT NUMBER: 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: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen Area Code & Daytime Telephone Number Name of Contact Person 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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607, nge is submitted for a corp r to change its registered o	oration organized	under the laws o	of the State of	Florida
1. The name of t	the corporation: Pharma office address: 10865-	cogenomics (	Global Rese	arch Netwo	ork, Inc.
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 1/2	1/2020	_ Document nun	<sub>nber:</sub> <u>N2000</u>	0000690
	I street address of the curre tment of State: (If resigned		and registered o	office on file w	ith the
	TRAC - THE RE	GISTERED A	AGENT CO	MPANY	
	236 E. 6TH AVENU	E			- چے
	TALLAHASSEE, FL	. 32303			THE STATE OF THE S
6. The name and (if changed):	street address of the new t	registered agent (if	changed) and /o	or registered of	TALLANASSE TIER
	Registered Agen	it Solutions,	Inc.		E. F. S.
	2894 Remington	Green Ln.	Ste. A		ORNIE 2
	Tallahassee	P.O. Box NOT	32308		- -
The street addre as changed will	ss of its registered office a be identical.	and the street addr	ess of the busin	ess office of it	s registered agent,
Such change wa authorized by th	s authorized by resolution e board, or the corporation	i duly adopted by n has been notified	its board of dire d in writing of tl	ctors or by an he change.	officer so
/s/ Jaclyn	Wright	J <u>a</u> c	lyn Wright	r typed name and li	Authorized Person
l further agrée t of my duties, and document is beit	the appointment as registo o comply with the provision of I am familiar with and a ng filed merely to reflect a been notified in writing o	ons of all statutes scept the obligation of the region of the region of the region of the regions of the region	relative to the n	rober and can	aplete performance d agent. Or, if this by confirm that the
Ma	مان خال	1	1/29/2023		
Sign	nature of Registered Agent			Date	
If signing on bel	half of an entity:				
Mackenzie Hible	r, Assistant Secretary				
Ту	ped or Printed Name	FILING FEE: S	35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)