

PO2000073395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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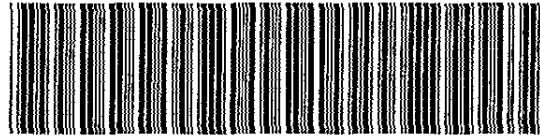
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Treviño Therapeutics, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P02000073395

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:

Jennifer L. Treviño  
(Name of person)

Treviño Therapeutics, Inc.  
(Name of firm/company)

2720 SE Clareton Terrace  
(Address)

Port Saint Lucie, FL 34952  
(City/state and zip code)

For further information concerning this matter, please call:

Jennifer Treviño at ( 772 ) 979-3981  
(Name of 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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trevino Therapeutics, Inc.  
2. The principal office address: 2720 SE Clareton Terrace  
Port St. Lucie, FL 34952  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 05, 2002 Document number: PO2000073395

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jennifer L. Trevino, LMT  
3005 Cortez Boulevard  
Ft. Pierce, FL 34981

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jennifer L. Trevino, LMT, PTA  
2720 SE Clareton Terrace  
(P.O. Box or personal mailbox NOT acceptable)  
Port Saint Lucie, FL 34952

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jennifer Trevino

(Signature of an officer or director)

Jennifer Trevino

(Printed or typed name and title)

(CRA/Pres.)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jennifer Trevino

(Signature of Registered Agent)

1/26/04

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314