

PD4000131543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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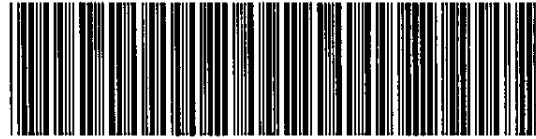
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE &  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brain Matters Research  
Name of Corporation

DOCUMENT NUMBER: PO 4000131543

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:

Lynn Brody  
Name of Contact Person

Brain Matters Research  
Firm/Company

5109 C North Ocean Blvd  
Address

Ocean Ridge FL 33435  
City/State and Zip Code

Lbrody @ brainmattersresearch.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Brody at (561) 702-0257  
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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brain Matters Research Inc.  
2. The principal office address: 800 NW 17<sup>th</sup> Ave  
Delray Beach FL 33445  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/2004 Document number: PO4000131543

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lynn D Brody  
2765 Avenue Au Soleil  
Gulfstream FL 33483

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

Lynn D Brody  
5109 C North Ocean Blvd  
P.O. Box NOT acceptable  
Ocean Ridge FL 33435

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.

[Signature] Lynn Brody VP  
Signature of an officer or director Printed or typed name and title

*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.*

[Signature] 11/17/14  
Signature of Registered Agent Date

If signing on behalf of an entity:

Brain Matters Research / Lynn Brody  
Typed or Printed Name

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

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

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DIVISION OF CORPORATIONS  
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