## P10 0000 35980

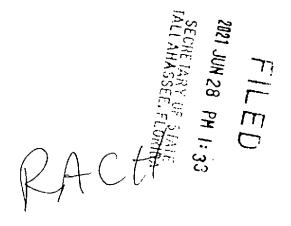
| (Re                     | questor's Name   | )            |
|-------------------------|------------------|--------------|
| (Ad                     | dress)           |              |
|                         | dress)           |              |
| _                       | ·                |              |
| (Cit                    | y/State/Zip/Phor | ne #)        |
| PICK-UP                 | ☐ WAIT           | MAIL         |
| (Bu                     | siness Entity Na | me)          |
| (Do                     | cument Number    | )            |
| Certified Copies        | _ Certificate    | es of Status |
| Special Instructions to | Filing Officer:  |              |
|                         |                  |              |
|                         |                  | 6/28         |

Office Use Only



300365900133

05/20/21--01024--015 \*\*35.00



AUG 2 4 2021

D COMMELL





2921 JUN 28 PM 5:21

Company of the company

Division of Corporations

June 14, 2021

ATTN:PATRICK ALCEE 1509 NE 167 STREET MIAMI, FL 33162

SUBJECT: DNA PROFILES INC. Ref. Number: P10000035980

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SASHA B PENNYWELL Regulatory Specialist II

Letter Warnber.

Letter Number: 721A00013186

## COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: C

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:

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

## . 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  |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation: DNA DEOG 1/05 CAC   |
| 2. The principal office address: LOGNE 167 Street  Miami, Fly 3162  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 4/27/2010 Document number: P10000035980   |
| 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)  |
| RAMSES DESINOR  |
| 1509 ne 167 Street, Mi2mi   |
| 7433162   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (   |
| (If changeds)   |
| Patrick Alcee   |
| 1509 Ne 167 Street Mid 2 20 55  |
| P.O. Box NOT acceptable   |
| 7-1-5-5/6- Sign 1:3   |
| 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 byth officer so authorized by the board, or the corporation has been notified in writing of the change   |
| HISOS DOSINA  |
| Signature of an officer of director Printed or typed name and title   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance   |
| 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 menally to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. |
| Corporation has deal notification writing of this change.   |
| Signature of Registered Agent   |
| If signing on behalf of an entity:  |
| Typed or Primed Natne   |

\* \* \* FILING FEE: \$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)