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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

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C1	Address:			
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REGISTERED AGENT CHANGE CELL VIABILITY, INC.

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9/20/2024 13:45:38 PDT. To: 18506176380 Page: 2/2 Fax: 8134365206

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

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Flo in organized under the laws of the Sta ir registered agent, or both, in the Sta	ate of Florida	this	— .
	the corporation: CELL VIABILI	Ţ,	ic. iy r amaa.		
2. The principa	office address; 130 L 401 St W	STE 300 St. Petersburg, FL 3	13702		
3. The mailing	address (if different): 7901 4th S	St N STE 300 St. Petersburg.	FL 33702		
	rporation/qualification: 05/10/10			6	
	nd street address of the current regis	stered agent and registered office on resigned)	file with the		
	BOUZA, PEDRO				
	4444 SW 71 Avenue S	Suite #112 #112			
	Miami, FL 33155			52	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		red office			
	Registered Agents Inc		かま。 <u>- 5</u> 5号	3	,.
	7901 4th St N STE 300)	100 m	<u> </u>	į.
	St. Petersburg FL 3370	P.O. Box NOT acceptable	FL	AH 10: 1,9	حبية"
The street add	ess of its registered office and the l be identical.	street address of the business offic	e of its registe	ared a	gent,
Such change wanthorized by	as authorized by resolution duly a the board, or the corporation has b	ndopted by its board of directors or seen notified in writing of the chang	by an officer s	50	
Pedr	o Bouza	Pedro Bouza			
I hereby accep I further agree of my duties, a document is be	the appointment as registered ag t the appointment as registered ag to comply with the provisions of t and I am familiar with and accept t ling filed merely to reflect a chang as been notified in writing of this c	Printed or typed from gent and agree to act in this capacit all statutes relative to the proper an the obligation of my position as reg ge in the registered office address. I hange.		erforn Or m the	nance if this at the
David Rooms		9/20/2024			
Sı	gnature of Registered Agent	Date			
If signing on b	ehalf of an entity:				
David Rob		_			
	Typed or Printed Name				
	* * * FILI	NG 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)