

P1000072336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

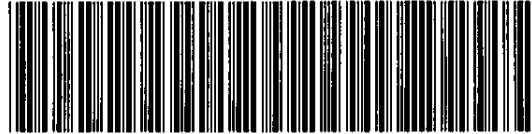
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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900185238389

TS 9/13/10
Address Change

PAXVIDA INC

P10000072336

**TO: DEPT OF STATE
FAX: 850-245-6017**

ATTN: TYRONE SCOTT

RE: ADDRESS CORRECTION

**THIS LETTER IS TO INFORM YOU TO PLEASE CORRECT THE PRINCIPAL/MAILING
ADDRESS TO:**

**100 MIRACLE MILE
#310
CORAL GABLES FL 33134**

THIS ADDRESS SHOULD APPEAR THROUGHOUT THE DOCUMENT.

THANK YOU,

Carolina Arias

**CAROLINA A. ARIAS
(PRESIDENT)**