

| (| Requestor's Name) |
|---------------------------------------|--------------------------|
| | |
| | Address) |
| , | , (43,633) |
| | |
| | Address) |
| | |
| | City/State/Zip/Phone #) |
| , | Only/Otate/Espir Hone #/ |
| PICK-UP | WAIT MAIL |
| | |
| - (| Business Entity Name) |
| | |
| | Daguera et Number |
| (| Document Number) |
| | |
| Certified Copies | Certificates of Status |
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| Special Instructions to | Filing Officer: |
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Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | |
|---|--|--|--|--|
| REFERENCE 530512 8355979 | | | | |
| AUTHORIZATION : 8355979 | | | | |
| COST LIMIT : \$ 35.00 | | | | |
| ORDER DATE: March 7, 2022 | | | | |
| ORDER TIME : 2:23 PM | | | | |
| ORDER NO. : 530512-001 | | | | |
| CUSTOMER NO: 8355979 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME: IGENOMIX LATAM, INC. | | | | |
| Mail: Iolivonin Linnin, inc. | | | | |
| | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| | | | | |
| | | | | |
| CONTACT PERSON: Eyliena Baker EXT# | | | | |
| EXAMINER: | | | | |

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

| statement of cha | provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist | ized under the laws of the State of Flo | rida | | |
|--|---|--|--|--|--|
| | he corporation: GENOMIX LATAM, INC | | iaa. | | |
| | office address: 7955 NW 12TH AVENUE | | | | |
| | - | | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 06/25/2012 | Document number: P12000056 | 5818 | | |
| | street address of the current registered a tment of State: (If resigned, enter resigned | | he | | |
| | GUEITS, JAMES P | | 111 to | | |
| | 1501 VENERA AVENUE SUITE 203 | - | 022 HAR 2 | | |
| | Coral Gables | FL 33146 | ½ ½ 22 | | |
| 6. The name and (if changed): | street address of the new registered ager | nt (if changed) and /or registered office | ** ** | | |
| | Corporation Service Company | | <u>်း</u> သ | | |
| | 1201 Hays Street | | | | |
| P.O. Box NOT acceptable | | | | | |
| | Tallahassee | FL 32301 | | | |
| The street addre | ss of its registered office and the street be identical. | address of the business office of its re | egistered agent, | | |
| Such change wa authorized by th | s authorized by resolution duly adopted board, or the corporation has been no | by its board of directors or by an off tified in writing of the change. | īcer so | | |
| The state of the s | | Borja Aznar Chief Executive Officer | | | |
| Signature of an officer or director | | Printed or typed name and title | | | |
| I further agree to finy duties, and document is bein corporation has Corporation | the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company | tes relative to the proper and comple gation of my position as registered as e registered office address, I hereby c | te performance zent. Or, if this onfirm that the | | |
| By: I hac | nature of Registered Agent | 03/01/2022 | | | |
| If signing on bel | | | | | |
| | Asst. Vice President | | | | |
| , | * * * FILING FE | E: \$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)