

2/21/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
VIDA GP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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February 22, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VIDA GP, INC.  
2545 ROYAL PALM WAY  
SUITE 625  
WESTON, FL 33325US

SUBJECT: VIDA GP, INC.  
REF: P17000054324

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H19000060105  
Letter Number: 319A00003786

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SECRETARY OF STATE  
TALLAHASSEE, FL

### 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: VIDA GP, INC.
2. The principal office address: 5209 LAKE WASHINGTON BLVD NE STE 100 KIRKLAND, WA 98033-7355
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/21/2017 Document number: P17000054324
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)

MATZNER, GARY

2800 PONCE DE LEON BLVD STE 1100

CORAL GABLES, FL 33134

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

CT Corporation System

ero C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 of an officer or director

Federico Proust - General Counsel - Corporate Secretary

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.

By: C.T. Corporation System  
Signature of Registered Agent

2/21/2019

Date \_\_\_\_\_

If signing on behalf of an entity:

Kimberli Laughrey- Assistant Secretary

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  
CR2E045 (03/12)