

P18000024487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

AUG 02 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RichSource Stem Cells, Inc.
Name of Corporation

DOCUMENT NUMBER: P18000024487

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:

Sara Oracle

Name of Contact Person

RichSource Stem Cells, Inc.

Firm/Company

2614 N Tamiami Trl, #226

Address

Naples, FL 34103

City/State and Zip Code

sara.oracle@richsourcestemcells.com

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

For further information concerning this matter, please call:

Sara Oracle

Name of Contact Person

at (831)

902-5662

Area Code & Daytime Telephone Number

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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RichSource Stem Cells, Inc.
2. The principal office address: 2614 N. Tamiami Trl, #226
Naples, FL 34103
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03.12.2018 Document number: P18000024487
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)

Resigned

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

Sara Oracle

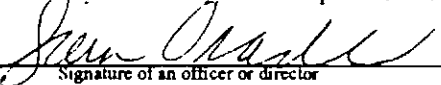
2614 N. Tamiami Trl, #226

P.O. Box NOT acceptable

Naples, FL 34103

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

Sara Oracle, CEO & President

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.*


Signature of Registered Agent

07.12.2021

Date

If signing on behalf of an entity:

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 (04/13)

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TALLAHASSEE, FL