

P190000 19175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

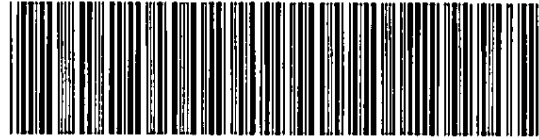
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 05 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: lyk Vision BioKage
Name of Corporation

DOCUMENT NUMBER: P19000019175

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:

Jessica Chirino
Name of Contact Person
lyk Vision BioKage
Firm/Company
15800 Pine Blvd Suite 313
Address
Pimbreki Pine FL 33027
City/State and Zip Code

E-mail address: (to be used for future annual report notification) jchirino1002@gmail.com

For further information concerning this matter, please call:

Jessica Chirino at (954) 830 3407
Name of Contact Person 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: lyk Viron broKage
2. The principal office address: 15800 Piner Blvd Suite 313
Pembroke Pines FL 33027
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/27/19 Document number: P19000019175
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)

Justicia Chirino
2300 W 84th St Suite 603
Hiawah FL 33016

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

Justicia Chirino
15800 Piner Blvd Suite 313
Pembroke Pines FL 33027

P.O. Box NOT acceptable

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]
Signature of an officer or director

Justicia Chirino
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]
Signature of Registered Agent

9/24/20
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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2020 SEP 29 PM 3:07
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SECRETARY OF STATE