2000019280

(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:				

Office Use Only

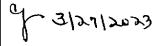


500400172335

01/23/23--01021--021 **35.00







COVER LETTER

TO: Amendment Section Division of Corporations	
Synkron Biosciences Corp SUBJECT: Name of Corporation	
DOCUMENT NUMBER:	
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:
Kaley Jackson	
Name of Contact Person Synkron Biosciences Corp	
Firm/Company 2101 Reynolds Street	
Address Sarasota, FL 34231	
City/State and Zip Code kaley@synkronbiosciences.co	om
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	olease call:
Phillip Jackson	941 234-3519 at ()
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

CR2E045 (04/13)

${}^\star {\rm STATEMENT}$ OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporatio	$61^{\circ}.0502$, 607.1508 , or $61^{\circ}.1508$, Flor in organized under the laws of the State or registered agent, or both, in the State	of Florida
1 444	Synkron Bioscien	nces Corporation	
2. The principa	the corporation: 2101 Reynolds Stre Loffice address:	cet Sarasota, FL 34231	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification:01/14/20	lification: Document number: P20000019280	
	d street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on fi r resigned)	le with the
	George Bowe		· · · 2
	1112 Millpond Ct		# 1023 J 1023 J
	Osprey FL 3-1229		1023 JAN 23
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registere	G:
	Bogart Analytics LLC		30 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	2107 Reynolds Street		
	Sarasota, FL 34231	P.O Box NOT acceptable	
The street addr	ress of its registered office and th I be identical.	ne street address of the business office	of its registered agent.
		adopted by its board of directors or b been notified in writing of the change	
$\mathcal{D} \setminus \mathcal{A}$	~-l	Phillip Jackson CEO	
- Jenar	ure of an officer or director	Printed or typed name	and title
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan is been notified in writing of this	igent and agree to act in this capacity fall statutes relative to the proper and the obligation of my position as regis ige in the registered office address, 11 change.	complete performance tered agent. Or, if this nereby confirm that the
Plac	4	01/20/2023	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Phillip Jackson			
	Typed or Printed Name	_	

* * * FILING FEE: \$35.00 * * *