## **Division of Corporations** Electronic Filing Cover Sheet

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|        |  | ***************************************  |                     | <br>• | <u>-</u>             |
|--------|--|--|---------------------|-------|----------------------|
| To:    |  |  |                     | • 1.  | 2025/marc 3          |
|        | Division of Corporations Fax Number : (850)617-6380                                |  |                     | •     | ယ                    |
|        | TAX NUMBET   | . (050/01/-0500                          | •                   |       | 7                    |
| From:  | Annaila Maria  | · COMPUTEDCIAS                           |                     | •     | PH (                 |
|        | Account Name<br>Account Number   |  |                     |       | 2: 5                 |
|        | Phone  | : (561)694-8107                          |                     |       | <u>-</u>             |
|        |  | : (561)214-8442                          |                     | ŕ     |                      |
| annual | email address for report mailings.   | Enter only one                           | email addres        |       | 2025 MAR -           |
| annual | email address for report mailings.   | Enter only one                           | email addres        |       | 2025 MAR -3          |
| annual | email address for report mailings. Address: REGISTE                                | Enter only one                           | email addres        |       | 2025 MAR             |
| annual | email address for report mailings. Address: REGISTE                                | Enter only one  CRED AGENT ( FE SCIENCES | email addres        |       | 2025 MAR -3 AM       |
| annual | email address for report mailings. Address: REGISTE                                | Enter only one  CRED AGENT ( FE SCIENCES | email addres CHANGE |       | 2025 MAR -3 AM       |
| annual | email address for report mailings.  Address:  REGISTE  VG LI  Certificate of State | Enter only one  CRED AGENT ( FE SCIENCES | change<br>change    |       | 2025 MAR -3 AM 9: 11 |

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

| statement of cha   | nge is submitted for a corporation   | 17.0502, 607.1508, or 617.1508, Florida Statut<br>a organized under the laws of the State of <u>Florid</u><br>registered agent, or both, in the State of Florida   | da  |  |  |  |
|--|--|--|---|--|--|--|
|  | he corporation: VG LIFE SCIENCE  |  | u.  |  |  |  |
|  | office address: 447 BROADWAY.  |  | · · · · · · · · · · · · · · · · · · ·           |  |  |  |
|  |  |  |   |  |  |  |
| 4. Date of incorporation/qualification: 06/08/1998 Document number: P23000007542                 |  |  |   |  |  |  |
|  | street address of the current regis<br>tment of State: (If resigned, enter   | tered agent and registered office on file with the resigned)   |   |  |  |  |
|  | NRAI SERVICES, INC.  |  | 125   |  |  |  |
|  | 1200 SOUTH PINE ISLAND RO  | DAD  | 2025 HAR -3                                     |  |  |  |
|  | PLANTATION, FL 33324   |  | 3,4   |  |  |  |
| 6. The name and (if changed):  | street address of the new registered agent (if changed) and /or registered office  |  |   |  |  |  |
|  | Corporate Creations Network In   | nc.  | ;   |  |  |  |
|  | 801 US Highway 1   |  |   |  |  |  |
|  |  | P.O. Box NOT acceptable  |   |  |  |  |
|  | North Palm Beach, FL 33408   |  |   |  |  |  |
| The street addre   | ss of its registered office and the be identical.  | street address of the business office of its regi  | stered agent,                                   |  |  |  |
|  |  | idopted by its board of directors or by an office een notified in writing of the change.   |   |  |  |  |
| N  | iua Rica   | Niyya Rice, Attorney-in-Fact   |   |  |  |  |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is bei-<br>corporation has | the appointment as registered ag<br>o comply with the provisions of a<br>d I am familiar with and accept t<br>ng filed merely to reflect a chang<br>been notified in writing of this c | Printed or typed name and little tent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age, the in the registered office address. I hereby con- thange. | performance<br>nt. Or, if this<br>firm that the |  |  |  |
|  | ina Pias   | 03/03/2025   |   |  |  |  |
| Sig  | Style of Registered Agent  | Date   | <u>_</u>  |  |  |  |
| If signing on be   | half of an entity:   |  |   |  |  |  |
| Niyya Rice, Sp   | ecial Secretary  |  |   |  |  |  |
| T  | ped or Printed Name  | -  |   |  |  |  |

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