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To:

Division of Corporations

Fax Number

: (850) 617-6380

APR 14 2016

ax number : (650) 6

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850) 205-8842
Fax Number: (850) 878-5368

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

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REGISTERED AGENT CHANGE CRYO REALTY CORP.

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COVER LETTER

10:	Division of Corporations					
SUBJI	ECT:Name of C	ornoration				
	THE ST C					
DOCU	MENT 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:						
	Name of Con	ntact Person				
	Firm/Co	ompany				
	Add	ress				
•	City/State as	nd Zip Code				
	E-mail address: (to be used for f	uture annual report notification)				
For fu	rther information concerning this matter, please	call:				
	Name of Contact Person	at () Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the Depar					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				
	141141145555, FL 32314	Tallahassee, FL 32301				

CR2E045 (03/12)

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

statement of cha	inge is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of Floridu fice or registered agent, or both, in the State of Florida.	
	he corporation: CRYO REAL		
		·	
	office address: LOOP SOUTH SUITE 1010 F	HOUSTON, TX 77027	
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·
4. Date of incorp	poration/qualification:	/1992 Document number: P92000003930	
	l street address of the current tment of State: (If resigned, o	t registered agent and registered office on file with the enter resigned)	
	NRAI SERVICES, INC		
	1200 South Pine Island Road	Plantation, FL 33324	
			まま
6. The name and (if changed):	l street address of the new rep	gistered agent (if changed) and /or registered office	APR T
	C T Corporation System		
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable		
	Plantation, Florida 33324	P.O. Box NOT acceptable	S S
The street address changed will	ess of its registered office an be identical.	nd the street address of the business office of its registe	ered agent,
Such change was authorized by the	as authorized by resolution de board, or the corporation	duly adopted by its board of directors or by an officer shas been notified in writing of the change.	30
142	lecepholar	Melissa Nolan Vice President	
Signahi	re of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th	to comply with the provision my duties, and I am familian is document is being filed m	ed agent and agree to act in this capacity. ns of all statutes relative to the proper and complete or with and accept the obligation of my position as regi serely to reflect a change in the registered office addre en notified in writing of this change.	istered ess, I
Ву:	poration System	03/28/2016	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If signing on be Angel Assistar	half of an entity: I Shearer It Secretary Specific Printed Name	· · · · · · · · · · · · · · · · · · ·	

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