

P43000082736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

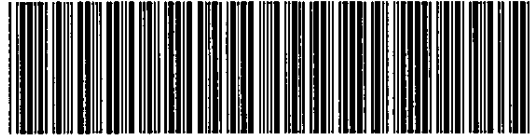
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMMUNE THERAPEUTICS, INC.
Name of Corporation

DOCUMENT NUMBER: P93000082736

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:

NOREEN GRIFFEN

Name of Contact Person

IMMUNE THERAPEUTICS, INC.

Firm/Company

37 North Orange Avenue, Suite 607

Address

Orlando, FL 32801

City/State and Zip Code

gaustin@austinlegalgroup.com

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

For further information concerning this matter, please call:

Gina Austin

Name of Contact Person

at (619) 924-9600

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

**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: Immune Therapeutics, Inc.
2. The principal office address: 37 North Orange Avenue, Suite 607, Orlando, FL 32801
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/02/1993 Document number: P93000082736

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)

Kirsten Bartholomew, Esq.

37 North Orange Avenue, Suite 607

Orlando, FL 32801

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

Noreen Griffen

37 North Orange Avenue, Suite 607

P.O. Box NOT acceptable

Orlando, FL 32801

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.

Noreen Griffen

Signature of an officer or director

Noreen Griffen

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.

Noreen Griffen

Signature of Registered Agent

September 1, 2015

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 (03/12)