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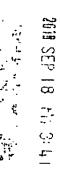
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of S	Status			
Special Instructions to Filing Officer:				
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Office Use Only



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SEP 25 26.3 M. SOLOMON

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	Athena Bioscience LLC	
	(Name of Alien Business Or	ganization or Financial Institution)
Dear Sir or N	Madam:	
	d Designation of Registered Agent stitution and fee(s) are submitted f	and Registered Office for Alien Business Organization or or filing.
Please return	all correspondence concerning th	is matter to the following:
Gregory G	Graf	
	(Name of Person)	
Athena Bio	oscience LLC	
	(Firm/Company)	
244 E Was	shington Street, Suite 201	
	(Address)	
Athens, G	A 30601	
	(City/State and Zip Code)	
For further in	nformation concerning this matter.	please call:
Gregory G	Graf at (864 841-9381
		Area Code & Daytime Telephone Number)
Registration Division of C Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	a check for the following amoun	t:
■ \$35.00 Fi	ling Fee	☐ \$43.75 Filing Fee & Certified Copy

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201. FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

i. Athena Bioscie	Name of alien business organizat	on or tingneral inclination	
Delaware	-		
(State or countr	y under which entity is organized)	r which entity is organized) 3. 82-1522765 (FEI Number, if applicable)	
			. 2
·	pton Street, Suite 201, Athens, G	address)	
. Name and Florida	Street address of registered agent.		
	Registered Agents Inc.		<u> </u>
	3030 N Rocky Point Dr.		20 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
	Tampa, FL 33607		
are identical.	(Signature of chairman, vice	chairman, or officer)	
Gregory Graf	Senior Director		
	(Name and capacity of person sig	ning in number 7 above)	
. Signature of regist	ered agent:		
	appointment as registered agent. I an		
Bu H	we-	9/17/19	
(Registered ag	ent accepting appointment)	(Date)

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THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314