that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JACQUELINE GOUVEA

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

KENNEDY, TODD PL 1675 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Authoriz

Authorized Person(s) Detail :						
Title	DR	Title	ADMINISTRATOR			
Name	MAHARAJ, DIPNARINE	Name	GOUVEA, JACQUELINE M DR.			
Address	10301 HAGEN RANCH ROAD, SUITE 600	Address	10301 HAGEN RANCH ROAD SUITE 700			
City-State-Zip:	BOYNTON BEACH FL 33437	City-State-Zip:	BOYNTON BEACH FL 33437			

	Electronic Signature of Registered Agent					
zed Person(s) Detail :						
	DR	Title	ADMINISTRATOR			
	MAHARAJ, DIPNARINE	Name	GOUVEA, JACQUELINE M DR.			
	10301 HAGEN RANCH ROAD, SUITE 600	Address	10301 HAGEN RANCH ROAD SUITE 700			
Zip:	BOYNTON BEACH FL 33437	City-State-Zip:	BOYNTON BEACH FL 33437			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Current Mailing Address:

10301 HAGEN RANCH ROAD

BOYNTON BEACH, FL 33437

SUITE 700

10301 HAGEN RANCH ROAD

Entity Name: STEM CELL CRYOBANK, LLC

Current Principal Place of Business:

SUITE 700 BOYNTON BEACH, FL 33437 US

FEI Number: 20-2425121

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L04000091611

FILED Jan 30, 2019 Secretary of State 1879613965CC

Certificate of Status Desired: No

DIRECT ADMINISTRATION 01/30/2019

Date