STATE OF RHODE ISLAND

STATEMENT OF RESIGNATION

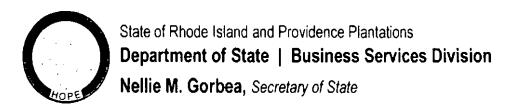
OF

REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 7-16-11 of the Rhode Island Limited Liability

Common Act the understand resident agent in order to region as resident agent. Company Act, the undersigned resident agent, in order to resign as resident agent. hereby certifies:

				001049046
l.	The name of the limit	ted liability comp	any:	Charter Number
	BAYLOR MIRACA GENETICS LABORATORIES, LLC			
2.	The name of the resi	gning agent: Cap	itol Corporate Servic	es, Inc.
3.	The address of the resigning registered office:			
	222 Jefferson Blvd Ste 200			
	Address			
	Warwick	<u>RI</u>	02888	
	City	State	Zip code	
4.	This resignation of registered agent and registered office shall become effective thirty (30) days after the date on which this Statement of Resignation is filed with the office of the Rhode Island Secretary of State.			
IN	WITNESS WHERE	OF, the undersig	ned registered agent h	as caused this Statement of
Re	esignation to be s	_	behalf by its office	er this <u>[9</u> day of
C	apitol Corporate Ser	vices, Inc.		
Re	gistered Agent		Signature	
Ja	son Fischer		Assistan 8	ecretary
Name			Title	



July 14, 2020

BAYLOR MIRACA GENETICS LABORATORIES, LLC 2450 HOLCOMBE BLVD., SUITE O100 HOUSTON, TX 77021

RE: Entity ID# 1049046

BAYLOR MIRACA GENETICS LABORATORIES, LLC

Dear Sir or Madam:

This is to notify you that this office received on July 13, 2020 the resignation of Capitol Corporate Services Inc. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

To file a Change of Resident Agent form online visit www.sos.ri.gov/divisions/business-services.
Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp_pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download a form. You can mail the form to us with your payment or visit our office to file in person. We will provide a hardcopy of the Change of Agent form upon request.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese

Deputy Director of Business Services

ethunielasio Mossesse

. ..__ _..

notaries@sos.ri.gov