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SECRETARY OF STATE
AND ASSEE, FLORID

C. LEWIS SEP 2 4 2013

EXTEMBED



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: September 18, 2013

Order#: 813479-006

Re: METABOLON, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050. unge is submitted for a corporation organ	ized under the laws of the State of	Delaware	
,	r to change its registered office or registe	ered agent, or both, in the State of t	iorida.	
1. The name of	the corporation: METABOLON, INC.	00 Durham NC 27713	**** · · · · · · · · · · · · · · · · ·	
2. The principal	office address: 617 Davis Drive, Suite 40	70, Darrieri, 170 E11 10		
3. The mailing a	address (if different): P.O. Box 110407, D	ourham, NC 27706		
4. Date of incorp	poration/qualification: 03/30/2012	Document number: F120000	001407	
	d street address of the current registered a tment of State: (If resigned, enter resigne		ith the	
	Incorporating Services, LTD.			
	1540 Glenway Drive			
	Tallahassee, FL 32301			
6. The name and street address of the new registered agent (if changed) and /or registered office of the changed):				
	Corporation Service Company		SERVICE TO THE	
	1201 Hays Street		TARSEE FLORI	
	P.O. Box NOT acceptable			
	Tallahassee, FL 32301		OP.	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of it	s registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
10	* ~	Dona Priebe, Vice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Service Company	Printed or typed name and tit d agree to act in this capacity, ites relative to the proper and com- ccept the obligation of my position ect a change in the registered office a writing of this change.		
•	Softia august nature of Registered Agent	09/18/2013		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	, Asst. Vice President			
Ţ	yped or Printed Name	77 637 00 + + +		
	* * * FILING FE	£: ๖>5.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314