

M12000004152
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000043
Phone : (302) 645-7400
Fax Number : (302) 645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: filings@delawareinc.com

**LLC REGISTERED AGENT CHANGE
PHARMALABS LLC**

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J. HARRIS

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PharmaLabs LLC

2. (a) 160 State St., (b) 10901 ROOSEVELT BLVD. NORTH

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8th Floor

BOSTON, MA 02109

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SUITE 1200C

ST PETERSBURG, FL 33716

07/23/2012

M12000004152

3. Date of filing/registration in Florida

4.

Document number

5. (a) NRAI SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1200 SOUTH PINE ISLAND ROAD, FL 33324

(b) Registered Agents Inc

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3030 N. Rocky Point Dr. STE 150A

NEW Registered Office Address:

Tampa, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Bill Hayre, Assistant Secretary

16 JUN 28 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA