## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Cor Fax Number	porations : (850)617-6383	
From:	Account Name Account Number Phone Fax Number	: CORPORATE CREATIONS I : 110432003053 : (561)694-8107 : (561)694-1639	ENTERNATIONAL TINC &

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## LLC REGISTERED AGENT CHANGE PHARMACYCLICS LLC

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## H19000017579

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

1. The name of the limited liability company is: Pharma	cyclics LLC			-	
2. (a) Principal office address of the limited liability company:	I NORTH WAUKEGAN ROAD			-	
(Note; MUST BE STREET ADDRESS)	NORTH CHICAGO IL 60064			_	
(b) Mailing address of limited liability company:	I NORTH WAUKEGAN RD, D-V367 AP34-3NE			-	
(Note: MAY BE POST OFFICE BOX)	NORTH CHICAGO IL 60064			- -	
5/22/2015	M15000004054			_	
3. Date of filing/registration in Florida 5.(a) Registered Agent and Registered Office shown of	4. Document number on the records of the Florida Dopt. of	State:			
_	CIT CODDOD ATION SYSTEM			_	
Registered Agent: Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		2019 JA	-	
	PLANTATION FL 33324		<del>- 22</del> -	- -	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Corporate Creations Network Inc.		<u> </u>	`! - <del>(</del>	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E	<u> 3</u> 2:	9:3	_ `.,	
(MUST BE FLORIDA STREET ADDRESS)			<del>- 0:</del>	_	
	Palm Beach Gardens FL 3341	0			
If the limited liability company is not organized under the laws or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company an affirmative vote of the plembers of the limited liability company the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	it is hereby confirmed that the change(s) we	ss/were a	win ne uthorized	i by	
by Lauren Duenas as attorney-in-fact (Printed or Typed name of signee)	<del></del>				
	of my duties, and I am jamular with unit act FS Or if this document is being filed to n	nerely rej	Aces a ch	ange	
(Signature of Registered Agent) Division of Corporations, P.O. E	30x 6327, Tallahassee, FL 32314				
Corporate Creations International Inc. 11380 Prosperity Farms Road #221E					
Paim Beach Gardens FL 33410 (561) 694-8107					