

M18_000005000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

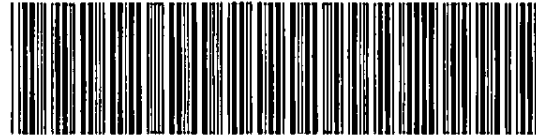
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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M18-5000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY 21 AM 9:29

N. CAUSSEUX

MAY 25 2018

COVER LETTER:

TO: Registration Section
Division of Corporations

SUBJECT: Southern Laboratory Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Metzler
Name of Person

Southern Laboratory Services, LLC
Firm/Company

4047 Okeechobee Blvd Ste 218
Address

West Palm Beach, FL 33409
City/State and Zip Code

cpp@citiplacepharmacy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Metzler at (561) 833-9960
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Southern Laboratory Services, LLC

Enter new principal office address, if applicable: 4047 Okeechobee Blvd

(Principal office address

MUST BE A STREET ADDRESS)

Suite 218

West Palm Beach, FL 33409

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

4047 Okeechobee Blvd

Suite 218

West Palm Beach, FL 33409

2. The Florida document number of this limited liability company is: M18000005000

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 2/28/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Kenneth Metzler

New Registered Office Address: 4047 Okeechobee Blvd Suite 217

Enter Florida Street Address

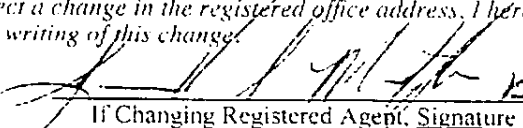
West Palm Beach, Florida 33409

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

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SECTIONARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY 21 AM 9:23

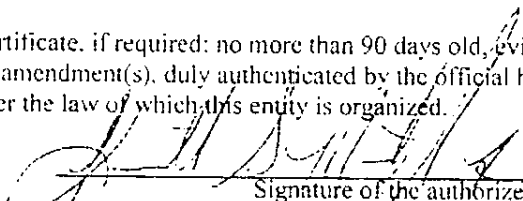
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Kenneth Metzler</u>	<u>4047 Okeechobee Blvd Ste 216</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach, FL 33409</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Lucy Metzler</u>	<u>4047 Okeechobee Blvd Ste 216</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach, FL 33409</u>	<input type="checkbox"/> Remove
<u>C.MGR.MBR</u>	<u>STAMPER, GARY MICHAEL</u>	<u>3130 MERCEDES DRIVE</u>	<input type="checkbox"/> Add
		<u>MONROE, LA 71201</u>	<input checked="" type="checkbox"/> Remove
<u>VC.MBR</u>	<u>RANCEY, LANNY</u>	<u>4951 AIRPORT PARKWAY STE 600</u>	<input type="checkbox"/> Add
		<u>ADDISON, TX 75001</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
Kenneth Metzler

 Typed or printed name of signee

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2018 MAY 24 AM 9:30

Filing Fee: \$25.00



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

SOUTHERN LABORATORY SERVICES, LLC

Domiciled at WEST MONROE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 03, 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 24, 2018

Secretary of State

Web 41658797K



Certificate ID: 10956376#62N83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.

www.sos.la.gov