## m07000006548

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**EXAMINER** 

08 FEB 19 PH 3: 12
SECRETARY OF STATE
ALLAHASSEF, FINDIA



ION REHAIGE COMPANA.
ACCOUNT NO. : 072100000032
REFERENCE : 447213 4379418
AUTHORIZATION :
COST LIMIT : \$25.00
ORDER DATE: February 15, 2008
ORDER TIME: 9:24 AM
ORDER NO. : 447213-035
CUSTOMER NO: 4379418
CHANGE OF AGENT
NAME: VWR INTERNATIONAL, LLC
1
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace
EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is	s: <u>VWR IN</u>	NTERNATIONA	L, LLC		
2. The mailing address of	the limited liability c	company is:				
1310 Goshen Parkwa	y, Westchester, PA	A 19380				
11/01/2007		M07000006548				
3. Date of filing/registration	ion in Florida	•	4. Document num	nber		
5. The name of the register Florida Department of S		istered offic	e address as shown	on the records of the		
•		rporation	System			
Name						
1200 South Pine Island Road  Address  Address						
	City	y, State and 2	Zip	557		
6. The name and address of the new registered agent and/or office:						
6. The name and address of the new registered agent and/or office:  Corporation Service Company  Name						
	1201	Name Hays Stre	eet	REF 2		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	17.1	32301			
		State and Zi				
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement	nange or changes are the registered agent we reby confirmed that the liability company	made, the Fl vill be identi ne change(s) y or as other	orida street address cal. Or, in the case was/were authorize wise provided in the	of the registered office of a Florida limited d by an affirmative vote		
(Signature of a member or authori	zed representative of a memi	ber)	- ,			
Maureen Cullen, Auth	norized Person					
(Printed or typed name of signee)			-			
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ d accept the obligatio his document is being that the limited liabil	agent and as ve to the pro ns of my pos filed to men ity company	gree to act in this ca per and complete po lition as registered c ely reflect a change has been notified ir	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.		
Michelle R-	<u>Uanno</u> Michelle R. Va <b>n</b> no					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00