

2019 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M15000009270

Entity Name: TROPICHEM RESEARCH LABS, LLC**Current Principal Place of Business:**15843 GUILD COURT
JUPITER, FL 33478**Current Mailing Address:**1610 DES PERES ROAD
SUITE 150
ST. LOUIS, MO 63131 US**FEI Number:** 65-0125129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HEATHER HENDERSEN ASSISTANT SECRETARY

01/10/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	KANE, JOHN P.
Address	1610 DES PERES ROAD SUITE 150
City-State-Zip:	ST. LOUIS MO 63131
Title	MANAGER
Name	SCHERRER, MATTHEW B.
Address	120 S. CENTRAL AVE. SUITE 600
City-State-Zip:	ST. LOUIS MO 63105
Title	MANAGER
Name	HOJABRI, HOSEIN
Address	15843 GUILD COURT
City-State-Zip:	JUPITER FL 33478

Title	MANAGER
Name	SMITH, J. MICHAEL
Address	15843 GUILD COURT
City-State-Zip:	JUPITER FL 33478
Title	MANAGER
Name	KLEIN, JESSE
Address	120 S. CENTRAL AVE. SUITE 600
City-State-Zip:	ST. LOUIS MO 63105
Title	MANAGER
Name	MCDONNELL, KEVIN
Address	15843 GUILD COURT
City-State-Zip:	JUPITER FL 33478

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN P. KANE

MANAGER

01/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date