

FOI 000005788

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : NEIMAN & INTERIAN, PLLC
Account Number : I20180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

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

Email Address: RABAD@NIFLALAW.COM

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REGISTERED AGENT CHANGE
SEYER PHARMATEC, INC.

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APR 12 2018

S. YOUNG

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SEYER PHARMATEC, INC.
- 2. The principal office address: 5000 SW 75TH AVENUE, SUITE 113
MIAMI, FL 33155
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/05/2001 Document number: F01000005788
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LAMONT & NEIMAN, P.A.
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NEIMAN & INTERIAN, PLLC
2020 PONCE DE LEON BLVD., SUITE 1005-B
P.O. Box: NOT acceptable
CORAL GABLES, 33134

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.




Signature of current registered agent

Michel L. Badia, President

Printed or typed name and title

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 obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

4/11/2018

Date

If signing on behalf of an entity:
Alberto Interian, Esq., Manager

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (03/12)

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