F05000003321

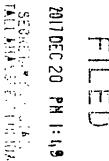
| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Basilless Eliki, Feline) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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12/20/17--01023--005 **35.00



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DEC 21 2017 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscqlobal.com

Date: December 18, 2017

Order#: 953444-010

Re: PHARMACEUTICAL TECHNOLOGIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of ch | e provisions of sections 607.0502, nange is submitted for a corporatio ler to change its registered office o | on organized under the la | ws of the State of <u></u> | VE | |
|---|---|--|---|------------------------|--|
| | f the corporation: PHARMACEUTI | | • | | |
| | al office address: IFORNIA STREET OMAHA NE 6 | 88154 | | | |
| 3. The mailing | address (if different): | | | | |
| 4. Date of inco | rporation/qualification: 06/07/200 | Document | number: F050000 | 03321 | |
| | nd street address of the current reg artment of State: (If resigned, ente | | ed office on file wi | th the | |
| | C T CORPORATION SYSTEM | | | | |
| | 1200 SOUTH PINE ISLAND RO | OAD | | -1 ~ 2 | |
| | PLANTATION | FL | 33324 | OLI DE | |
| 6. The name an (if changed): | nd street address of the new registe : | ered agent (if changed) and | d /or registered off | ice Sign 20 | |
| | Corporation Service Company | | | # 1: 49 (1:0):10) | |
| | 1201 Hays Street | Box NOT acceptable | | 5 to | |
| | Tallahassee | • | 32301 | | |
| The street addr as changed wil | ress of its registered office and th Il be identical. | e street address of the bu | siness office of its | registered agent. | |
| Such change wauthorized by t | vas authorized by resolution duly the board, or the corporation has | adopted by its board of d been notified in writing o | irectors or by an of the change. | officer so | |
| <u> </u> | ia E. Cienii | Jill Cilmi, VICE | PRESIDENT | | |
| I hereby accep I further agree performance o agent. Or, if the hereby confirm Corporation | the of an officer of director of the appointment as registered a to comply with the provisions of my duties, and I am familiar with this document is being filed merely in that the corporation has been not on Service Company | gent and agree to act in t all statutes relative to th th and accept the obligati y to reflect a change in th | e proper and comp ion of my position ne registered office | olete us registered | |
| | mara Ctholy gnature of Registered Agent | | Date | | |
| If signing on b | ehalf of an entity: | | | | |
| Grace E. Kirby | . ASSISTANT VICE PRESIDENT | Γ | | | |

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

Typed or Printed Name