(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(0	Sity/State/Zip/Phone #)	
	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
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NOR 1 /26/09



ACCOUNT NO. : 072100000032

REFERENCE: 855591

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 12, 2009

ORDER TIME : 9:21 AM

ORDER NO. : 855591-008

CUSTOMER NO: 7683182

CHANGE OF AGENT

NAME: PURICORE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

Pursuant to the previsions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organic	zed under the laws of the State of $\underline{ extbf{D}}$	elaware
in order to change its registered office or register	red agent, or both, in the State of Flo	orida.
1. The name of the corporation: PURICORE, INC.		
2. The principal office address: 508 Lapp Road, Ma	alvern, PA 19355	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 04-13-2007	Document number: F07000	0002030
5. The name and street address of the current registered ag Florida Department of State:	ent and registered office on file with	
CT Corporation System		ZOOS .
CT Corporation System 1200 South Pine Island Road Plantation FL 33324		
Plantation, FL 33324		
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered offic	S PH 12: 52 SEE, FLORID SEE, FLORID
Corporation Service Company		प्रेम
1201 Hays Street (P.O. Box NOT acceptable)		
Tallahassee, FL 32301		
The street address of its registered office and the street as changed will be identical.	address of the business office of its	registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an olified in writing of the change.	fficer so
Maure Cull	Maureen Cullen, Attorney	
(Signature of an officer or director) I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company		
By: (Signature of Registered Agent)	01-20-2009 (Date)	
If signing on behalf of an entity:		
Sylvia Queppet, Assistant VP (Typed or Printed Name)		
* * * FILING FE	E: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)