

F09000003667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

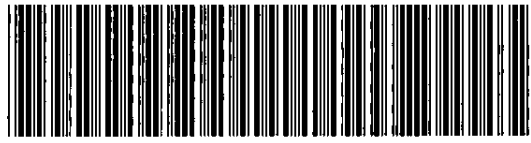
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 18 PM 4:04

RA/RO/chg
@ 10/19/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED LAB CONCEPTS, INC.
Name of Corporation

DOCUMENT NUMBER: F09000003667

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Homer
Name of Contact Person

Capitol Services Registered Agent Department
Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Homer at (800) 345-4647
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 TEXAS
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCED LAB CONCEPTS, INC.
2. The principal office address: 9754 Whithorn Dr
Houston, TX 77095
3. The mailing address (if different): PO Box 840608
Houston, TX 77284
4. Date of incorporation/qualification: 9/15/2009 Document number: F09000003667
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)

C T Corporation System

1200 South Pine Island Road

Street Address

Plantation

FL

33324

City

State

Zip Code

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

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

Street Address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City

State

Zip Code

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.

Myra Homer

Signature of an officer or director

Myra Homer

Name (printed or typed)

Attorney in Fact

Title (printed or typed)

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.

Delanie Case Asst. Sec.

Signature of Registered Agent

10-12-11

Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Name (printed or typed)

***** 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 (8/05)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**SPECIAL POWER OF ATTORNEY
ADVANCED LAB CONCEPTS, INC.**

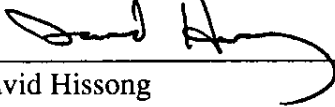
I, David Hisson, a duly authorized Assistant Secretary of Advanced Lab Concepts, Inc. (the "Assistant Secretary") does hereby make, constitute, and appoint Capitol Services, Inc., Capitol Corporate Services, Inc. and Capitol Document Services, Inc. and each duly authorized representative of Advanced Lab Concepts, Inc. (the "Entity"), including without limitation Ms. Myra Homer and Ms. Delanie Case, as his true and lawful attorneys-in-fact with full right, power and authority for him, as an authorized Assistant Secretary of the Entity, in his name, place and stead to prepare, execute, acknowledge, and file or to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by the Entity or on their behalf with any state agency; 1) in order to effectuate a change in the Entity's registered agent to Capitol Services, Inc., Capitol Corporate Services, Inc. or Capitol Document Services, Inc., as applicable; and 2) to file any annual, biennial or centennial reports required to maintain the entity's good standing and status with any state agency.

GIVING AND GRANTING to said attorneys-in-fact full power and authority to do and perform every act necessary or appropriate to be done in the exercise of the foregoing power as fully as David Hisson, a duly authorized Assistant Secretary of the Entity, could do if personally present and acting, with full power of substitution and resubstitution, hereby ratifying, confirming, and approving all that said attorneys-in-fact shall lawfully do or cause to be done by virtue hereof.

This Special Power of Attorney shall be effective as of the date set forth below and shall continue in effect until revoked by David Hisson by written notice to said attorneys-in-fact.

IN WITNESS WHEREOF, David Hisson has set his hand this 27th day of September, 2011.

ADVANCED LAB CONCEPTS, INC.



David Hisson
Assistant Secretary