F10000005432

<u> </u>		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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09/20/16--01022--002 **35.00

SECRETARY OF STATE
OFFICE OF STATE
OFFICE OF

SEP 2 6 2016

CLEMS



CSC. - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 16, 2016

Order#: 294532-015

Re: CALUCEM, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.....

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: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 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	ange is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of Delaware	
		office or registered agent, or both, in the State of Florida.	
	the corporation: CALUCI		
2. The principa	l office address: 7540 Wi	ndsor Drive, Suite 304, Allentown, PA 18195	
3. The mailing	address (if different):		
, 7			
4. Date of incom	rporation/qualification: 1	2/13/2010 Document number: F10000005432	
	d street address of the cur utment of State: (If resign	rent registered agent and registered office on file with the ed, enter resigned)	•
•	C T Corporation System	1	
	1200 South Pine Island	Road	٠
•	Plantation, FL 33324	Road 2016 SEP	
6. The name an (if changed):	*	<u></u>	<u>.</u>
	1201 Hays Street	<u> </u>	٥
•		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addr	ess of its registered office l be identical.	e and the street address of the business office of its registered agent	t,
Such change wauthorized by the	as authorized by resolution he board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	
Brin	Jan Jan Jan	Brian Gross, Secretary	
	are of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provis my duties, and I am fami	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered i merely to reflect a change in the registered office address, I been notified in writing of this change.	
By: Sum	august	09/16/2016	
" U Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Sylvia Quepper	t, Asst. Vice President		
, т	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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