FL30000049

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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JUN 0 5 2017 S. YOUNG 17 MAY 31 FM 4-13



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: May 26, 2017

Order#: 659678-015

Re: SANCILIO & COMPANY, 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.

OUCA.XCOA

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

statement of ch	ange is submitted for a co	17.0302, 617.0302, 607.1308, or prporation organized under the l d office or registered agent, or bu	aws of the State of Dolaw	are
1. The name of	the corporation: SANCIL	.IO & COMPANY, INC.		
		cal Court, Suite 200, Riviera Be	each, FL 33404	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 0	1/04/2013 Document	t number: F13000000049)
	d street address of the cun rtment of State: (If resigne	rent registered agent and register ed, enter resigned)	red office on file with the	
	Robert P. Mino			
	2129 N. Congress Aven	uue		
	Riviera Beach, FL 3340	04		
6. The name and (if changed):	d street address of the new	registered agent (if changed) ar	nd /or registered office	11
	Corporation Service Cor	mpany	180	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
	1201 Hays Street		ម៉ា ម៉ូ	
	Tallahassee	P.O. Box NOT acceptable	22204	
		FL	32301	E 5
The street addre	ess of its registered office be identical.	and the street address of the bu	usiness office of its registe	ered agent,
Such change wa authorized by th	as authorized by resolutione board, or the corporation	on duly adopted by its board of con has been notified in writing	directors or by an officer s of the change.	Ю
MUG	2	Albert Cavagna	•	
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	to comply with the provis my duties, and I am fami is document is being filed	tered agent and agree to act in ions of all statutes relative to th liar with and accept the obligat I merely to reflect a change in to been notified in writing of this c	ne proper and complete tion of my position as regi he registered office addre	stered ss, I
By: Clu	mley	05/26/	2017	
Sign	nature of Registered Agent		Date	
If signing on bel	half of an entity:			
Ami M. Casper,	Asst. Vice President			
Ty	ped or Printed Name			

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