

12/4/2014 10:27:02 From: To: 8506176380

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 DEC -4 PM 2:40
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

REGISTERED AGENT CHANGE
SPECIALIZED PHARMACEUTICALS, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

R.A. / R.O. / chg
@ 12/5/14

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPECIALIZED PHARMACEUTICALS, INC

Name of Corporation

DOCUMENT NUMBER: F13000003941

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____)

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

CR2E045 (03/12)

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

1. The name of the corporation: SPECIALIZED PHARMACEUTICALS, INC
2. The principal office address: 4024 CENTRAL AVE ST PETERSBURG, FL 33711
3. The mailing address (if different): 4900 PERRY HIGHWAY, BLDG II 3RD FLOOR PITTSBURGH, PA 15229

4. Date of incorporation/qualification: 09/10/2013 Document number: F13000003941
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)

REGISTERED AGENT SOLUTIONS, INC

155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE, FL 32301

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

T J T
Signature of an officer or director

Troy Toland Secretary
Printed or typed name and title

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.

By: C T Corporation System
Signature of Registered Agent

12/3/14
Date

If signing on behalf of an entity:

Nancy Lyden
Typed or Printed Name

*** 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 (03/12)

FILED
DIVISION OF CORPORATIONS
14 DEC -4 PM 8:56

Power of Attorney

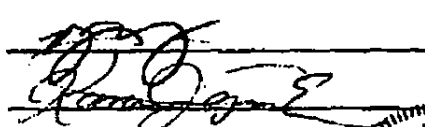
NOTICE IS HEREBY GIVEN THAT Specialized Pharmaceuticals, INC. (Corporation"), a Corporation incorporated under the laws of Pennsylvania, does hereby appoint Katherine Schneider, Nancy Lydon, and Troy Toland (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the Corporation to act for the Corporation and affiliates and subsidiaries of the Corporation attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Corporation and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to change entities' registered agent and registered office and forms of similar import on behalf of the Corporation and Subsidiaries in any state and the District of Columbia.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Katherine Schneider, Nancy Lydon, and Troy Toland shall exercise the power of Vice President, Secretary, Manager, and/or Member.

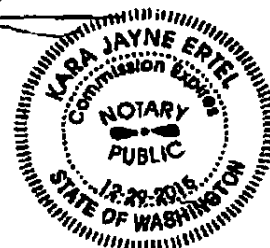
This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 24th day of November.



Sworn to and subscribed before me
this 24th day of November, 2014.

Notary Public, State of Washington
Commission Expires: 12/29/2015



12/4/2014 10:27:02 From: To: 8506176380

(5/5)

Exhibit A:
QoL meds LLC