F150000000266

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Saamess Zinny (taling)
(Document Number)
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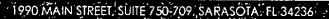
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2021 AUG 25 AM 11: 27 SECRETARY OF STATE

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D CUSHING

UNISEARCH, INC.





8/25/2021

SECRETARY OF STATE OF FLORIDA DIVISION OF CORPORATIONS THE CENTRE OF TALLAHASSEE 2415 NORTH MONROE SUITE 810 TALLHASSEE, FL 32303

RE: Unisearch Change of Address

To Whom it May Concern:

Enclosed please find the applications to change the registered agent address on behalf of Unisearch, Inc. for entities that have appointed Unisearch as agent. (More applications will be forwarded in a separate package for the remaining entities). Also enclosed is check # 1043 for \$3,760. Should you have any questions, please contact me at the below number.

Thank you,

oelle Churik

Unisearch, Inc.

1990 Main Street, Suite 750-709

Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

SECRETARY OF STAT

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of ALABAMA rockens or to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: ACTIVE PHARMACEUTICAL INGREDIENT SOLUTIONS, INC.
	office address: 25309 FRIENDSHIP ROADDAPHNE, AL 36526
3. The mailing a	ddress (if different): POST OFFICE BOX 2097DAPHNE, AL 36526
4. Date of incorp	poration/qualification: 01/14/2015 Document number: F15000000266
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	UNISEARCH, INC
	155 OFFICE PLAZA DRIVE
	TALLAHASSEE, FL 32301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	UNISEARCH, INC.
	1990 MAIN STREET, SUITE 750-709
	P.O. Box NOT acceptable
	SARASOTA, FL 34236
as changed will	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
_	re of an officer or director Printed or typed name and title
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
Sod	le Churce 8/25/21
()	half of an entity: NWIK AST. Sewetam
Ty	ped 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 * * *

CR2E045 (04/13)