03/22/17 01:27PM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 1/3

8



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Ta:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274

Fax Number : (888)706-7274

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

Email Address:

REGISTERED AGENT CHANGE YILING PHARMACEUTICAL, INC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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03/22/17 01:27PM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 2/3

8

FL

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: YILING PHARMACEUTICAL, INC.

Name of Corporation

DOCUMENT NUMBER:

-16000003344

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

, ४४४ ,

705-7274

Name of Contact Person

Arca 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)

02/25/2002 20:42 2456030

03/22/17 01:27PM PDT Registered Agent Solutions, inc. -> Florida 505 06176383 Pg 3/3

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 NEVADA In order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: YILING PHARMACEUTICAL, INC. 2. The principal office address: 5348 VEGAS DR LAS VEGAS NV 89108 3. The mailing address (if different): 8050 BECKETT CENTER DR SUITE 120 WEST CHESTER, OH 45069 Document number: F16000003344 4. Date of incorporation/qualification: 07/28/2016 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) ANTHONY, THOMAS 2927 SWIFTON DR SARASOTA, FL 34231 The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A P.O. Box NOT acceptable Tallahassee, FL 32301 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. \ Thomas Anthony Officer, VP Printed or typed name and title Signature of an officer or d...... I hereby occept 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 obsporation has been notified in writing of this change. 01/24/2017 e of Registered Agent Detc Signati If signing on behalf of an entity: Justine Karnell - Assistant Secretary

* * * 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)

Typed or Printed Name