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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone

: (302)645-7400

Fax Number

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

Email Address: Legal_Dept@FrontageLab.com

REGISTERED AGENT CHANGE FRONTAGE LABORATORIES, INC.

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

statement of ch	lange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of Pen	nsylvania
in ord	ler to change its registered office or r	registered agent, or both, in the State of Flor	rida.
1. The name of	the corporation: FRONTAGE LABO	RATORIES, INC.	
2. The principa	d office address: 700 Pennsylvania	Drive Exton, PA 19341	
3. The mailing	address (if different): Same		
	poration/qualification: 10/04/202	Document number: F2100000565	58
The name an Florida Depa	d street address of the current registe rtment of State: (If resigned, enter re	red agent and registered office on file with ti signed)	he
	WILLOUGHBY, DAVID, PH.D.		
	394 SW 12TH AVE		~ .>
	DEERFIELD BEACH, FL 33442	TYLL	2024 HAR
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	Q 1
	Registered Agents Inc.	のC 西で 西で	K (F
	7901 4th Street N, Ste 300		မှ 🖢 - သ
	P.C St. Petersburg FL 33702	D. Box NOT acceptable	; 2
The street addre	ess of its registered office and the sub be identical.	reet address of the business office of its reg	zistered agent,
		pted by its board of directors or by an office a notified in writing of the change.	
	re of an officer or director	Xiayue Yin, Associate Legal Associ	
I hereby accept I further agree t of my duties, an document is bei	•	t and agree to act in this capacity. statutes relative to the proper and complete obligation of my position as registered age n the registered office address, I hereby co	e performance ent. Or, if this onstr m that the
I	David Soberts	02/29/2024	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
David Roberts, A			
Ту	ped 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 (04/13) (((H24000088540 3)))