

F22 000003743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

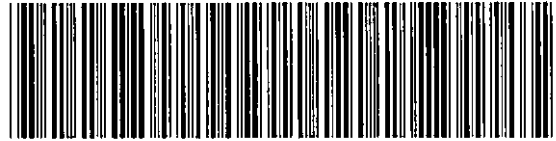
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2022 JUN 13 PM 4:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUN 13 PM 1:00

DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

RA
CH

JUN 21 2022

D CONNELL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/13/2022

****WALK IN****

ENTITY NAME ON TARGET LABORATORIES, INC.

DOCUMENT NUMBER M21000007878

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35.00

ACCOUNT #: I20160000072

S. R. J. / 10

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ON TARGET LABORATORIES, INC.
Name of Corporation

DOCUMENT NUMBER: M21000007878

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:

L FERRELL

Name of Contact Person

HARBOR COMPLIANCE

Firm/Company

1830 COLONIAL VILLAGE LN

Address

LANCASTER, PA 17601

City/State and Zip Code

PROFESSIONAL@HARBORCOMPLIANCE.COM

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

For further information concerning this matter, please call:

HARBOR COMPLIANCE

at () 717-459-9173

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: ON TARGET LABORATORIES, INC.
2. The principal office address: 1281 WIN HENTSCHEL BLVD, SUITE 2542 WEST LAFAYETTE, IN 47906-435

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/22/2021 Document number: 421000007878 F22-3743

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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SOLICITORS
TALLAHASSEE, FL 32304

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.

/s/ Patrick Spangler

Signature of an officer or director

Patrick Spangler, Treasurer

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.

Bill Havre

Signature of Registered Agent

06/13/2022

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE