## J86481

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
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Office Use Only



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SECRETARY OF STATE

n 1-9-12

## **COVER LETTER**

| TO: Amendment Sect<br>Division of Corpo  |  |   |  |
|--|--|---|--|
| SUBJECT:   | Phar-Metic Lab   |   |  |
|  | Name of Corp   | oration   |  |
| DOCUMENT NUMBER  | t:   | 6481  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.    |  |   |  |
| Please return all correspon  | ndence concerning this matter to   | the following:  |  |
|  |  |   |  |
| Thomas A. Moseley  |  |   |  |
|  | Name of Contac   | ct Person   |  |
| Thomas A. Masalay, Chartered   |  |   |  |
| Thomas A. Moseley, Chartered Firm/Company  |  |   |  |
|  |  |   |  |
| 1724 Manatee Avemue West   |  |   |  |
| Address  |  |   |  |
|  |  |   |  |
| Bradenton, FL 34205 City/State and Zip Code  |  |   |  |
|  | City/State and 2   | Lip Code  |  |
| tom@bradentonattorneyatlaw.com   |  |   |  |
| E-ma   | il address: (to be used for futu   | re annual report notification)  |  |
| For further information co   | oncerning this matter, please call                                       |   |  |
| Thomas A. Moseley at (941) 747-8185  Name of Contact Person Area Code & Daytime Telephone Number |  |   |  |
| Name of C  | Contact Person   | Area Code & Daytime Telephone Number  |  |
| Enclosed is a \$35.00 chec   | k made payable to the Departme   | nt of State.  |  |
| D  | failing Address: Amendment Section Division of Corporations OO. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |  |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## 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 Florida   |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1 m su Phar Matia Laba Ina   |
| 1. The name of the corporation: Phar-Metic Labs, Inc.  |
| 2. The principal office address: 3601 US Highway 41 N, Palmetto, Florida, 34221  |
| 3. The mailing address (if different): PO Box 155, Palmetto, Florida, 34220  |
|  |
| 4. Date of incorporation/qualification: 08/05/1987 Document number: J86481   |
| 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)   |
| Jonathan C. Greenlaw   |
| 9652 18th Avenue Circle NW   |
| Bradenton, Florida 34209   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Thomas A. Moseley  |
| 1724 Manatee Avenue West   |
| P.O. Box NOT acceptable  |
| Bradenton, Florida 34205   |
| 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.  |
| Signature of an officer of affector Printed or typed name and title  |
| Signature of an officer of director  I hereby accept the expointment 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. |
| 1/3/12   |
| Signature of Registered Agent Date   |
| If signing on behalf of an entity  |
| 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