## L02000032664

(Re	equestor's Name)
(Ad	ldress)
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(Ad	ddress)
. '	•
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· (Bu	usiness Entity Name)
•	, ,
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
1/	Office Use Only



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OF AUG -2 PM 4: 01



ON SERVICE COMPANY.							
	ACCOUNT NO.	:	0721000000	)32.			
,	REFERENCE	:	210684	7529513			
	AUTHORIZATION	:	Levello de	Para	1		
·	COST LIMIT	:	\$ 23.00	Man			
ORDER DATE :	June 28, 2006						
ORDER TIME :	9:45 AM			5	100 B		
ORDER NO. :	210684-010				是 一		
CUSTOMER NO:	7529513				200		
CHANGE OF AGENT							
NAME: DOUGLAS-LAMBERT LABORATORIES LLC							
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILE	ING:			
	TIED COPY STAMPED COPY						
CONTACT PERSON	1: Heather Chapm	an		08	·		
			EXAMINER:				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is	s: DOUGLAS	-LAMBERT LABORA	ATORIES LLC		
2. The mailing address of	the limited liability	company is:				
8201 Peters Road, Suite 1000	, Plantation, FL 33324					
				L02000032664		
3. Date of filing/registrat	ion in Florida		4. Document nur	nber		
5. The name of the registe Florida Department of		istered office	address as shown	on the records of the		
	E	yal Yechezkell		4		
		Name				
	8201 Pe	eters Road, Suite	e 1000			
		Address		96 AL		
		ntation, FL 3332		58 = 7		
	City	y, State and Z	.1 <b>p</b>	7.		
6. The name and address of the new registered agent and/or office:  Corporation Service Company  Name  1201 Hays Street						
	Corporat	ion Service Cor	npany			
		Name		5.0		
		01 Hays Street				
	Florida street addre	ess (P.O. Box	NOT acceptable)	D1		
	Tallahassee	FL	32301			
	City,	State and Zip	)			
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement	nange or changes are the registered agent treby confirmed that that the limited liability compared the limited liabil	made, the Flowill be idention the change(s) or as other ity company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote		
(Signature of a member or author	zed representative of a men	nber)				
Bysi Yeche	trell					
(Printed or yped name of signee)						
Michelle	ntment as registered s of all statutes relation decept the obligation his document is being that the limited liabi	non	ree to act in this ca per and complete p ition as registered i ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office I writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00