

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 347-7776

REGISTERED AGENT CHANGE

PHYTRUST OF FLORIDA, LLC

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DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 608.416 or 608.502, 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 limited liability company is: PHYTRUST OF FLORIDA, LLC
2. The mailing address of the limited liability company is: 440 Sawgrass Corporate Parkway,
Suite 210, Sunrise, Florida 33325
3. Date of filing/registration in Florida 7/17/2005
4. Document number L03000026185

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

American Information Services, Inc.

Name

350 E. Las Olas Blvd., Suite 1600

Address

Fort Lauderdale, FL 33301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Company of Miami

Name

201 S. Biscayne Blvd., Suite 1500 (EJW)

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33131

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kathy B. Jackson PhD
(Signature of a member or authorized representative of a member)

KATHY B. JACKSON, PhD
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to thereby reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

Felicla Hickey
(Signature of Registered Agent)

Felicla Hickey, Asst. Secretary of CCOM

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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