L04000057173

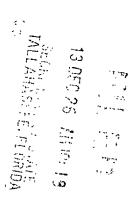
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	∍ #)	
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: December 23, 2013

Order#: 919755/225

Re: SEARENTO TRUST LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Morgan Kennedy

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. Name of the limited liability company: SEARENTC	TRUST LLC		
2. (a) Principal office address of limited liability comp	nany: c/o PHARMANET I I C		
(Note: MUST BE STREET ADDRESS)	504 Carnegie Center		
	Princeton	NJ 08540	
(b) Mailing address of limited liability company:	c/o PHARMANET LLC		
(Note: MAY BE POST OFFICE BOX)	504 Carnegie Center	-	
,	Princeton, NJ 08540		
08/02/2004	L04000057133		
3. Date of filing/registration in Florida	4. Document number		
	,		
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	la Dept. of State:	
Registered Agent:	C T Corporation System	n	
Registered Office Address:	1200 S. Pine Island	1111	
	Plantation	FL 33324	
NEW Registered Agent:		W Registered Office address: Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other than the operating agreement of the limited liability company /s/ Dona Priebe Signature of a member or authorized representative of a member	ne Florida street address of t dentical. Or, in the case of a ge(s) was/were authorized by	he registered office a Florida limited van affirmative vote of	
Dona Priebe, Authorized Person			
Printed or typed name of signee		5	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capa e proper and complete perfo y position as registered age o merely reflect a change in pany has been notified in w	city I-further agree to prinance of my duties, nt as provided for in the registered office riting of this change.	
Signature of Degistered Agent Corporation Service Compar	ny Sylvia Queppet, Assist	ant Vice President	

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