

L060000121275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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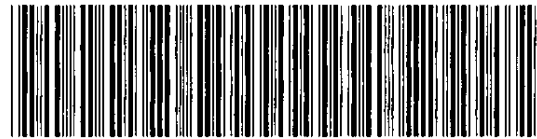
(Business Entity Name)

(Document Number)

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06/09/08--01040--013 \*\*55.00

FILED  
08 JUN -9 PM 3:25  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 JUN -9 PM 2:40  
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SUFFICIENCY OF FILING

B. KOHR

JUN - 9 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ASHLEY SMITH

**DATE:** 06-09-2008

**REF. #:** 001641.88170

**CORP. NAME:** STONE PHARMA RESEARCH, LLC

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FILED  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION       |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** 526372 **FOR \$** 55.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT OF  
STONE PHARMA RESEARCH, LLC

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 and registered agent, in the State of Florida.

1. Name of limited liability company: Stone Pharma Research, LLC
2. Principal office address of limited liability company: 3600 Torrey Pines Blvd., Sarasota, FL 34238
3. Mailing address of limited liability company: 3600 Torrey Pines Blvd., Sarasota, FL 34238
4. Date of filing/registration in Florida: December 21, 2006
5. Document number: L06000121275
6. Registered Agent and Registered Office as shown on the records of the Florida Department of State:

Registered Agent:	Keri Nakamoto
Registered Office Address:	3600 Torrey Pines Blvd. Sarasota, FL 34238

7. New Registered Agent and Registered Office:

New Registered Agent:	LPS Corporate Services, Inc. a Florida Corporation
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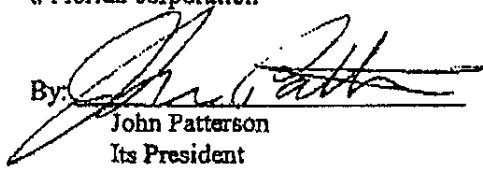
New Registered Office Address:	46 North Washington Blvd., Suite 1, Sarasota, FL 34236.
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It is hereby confirmed that the change was authorized by affirmative vote of the members of the limited liability company or as otherwise provided in the Articles of Organization or Operating Agreement.

  
Gerd Petrik  
Managing Member

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 relating 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.

LPS CORPORATE SERVICES, INC.,  
a Florida corporation

By:   
John Patterson  
Its President

Dated: June 9<sup>th</sup>, 2008