## Florida Department of State

Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001966563)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: HARVARD BUSINESS SERVICES, INC. Account Name

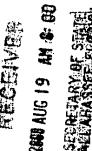
Account Number : I20080000045

Phone

: (302)645-7400

Fax Number

: (302)336-9724



## REGISTERED AGENT CHANGE

#### **MZ PHARMA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$ <del>555.5</del> 4)

J. BRYAN

AUG 2 0 2008

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

H080001966563

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MZ Pharma LLC	,	•
(Name	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	·
Heather Briggs		9 0
(Name of Person)	·	<b>8</b> 186
		IVISION O
Harvard Business Services, Inc.		
(Firm/Company)		RP RP C
40400 0		CORPORATIONS 9 AM 8: 30
16192 Coastal Highway (Address)		30 P
		_ 0
Lewes, DE 19958	·	
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Heather Briggs	at ( 302 ) 645-7400 ext. 6124	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
TAILIST 9 (E/no)		

INHS18 (5/08)

To:

HO8000196656 3

# 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: MZ Pharma LLC 2. (a) Principal office address of limited liability company: Brickell Bay Office Tower 1001 Brickell Bay Drive, Suite 2310 (Note: MUST BE STREET ADDRESS) Miami, Florida 33131, USA (b) Mailing address of limited liability company: Brickell Bay Office Tower (Note: MAY BE POST OFFICE BOX) 1001 Brickell Bay Drive, Suite 2310 Mlami, Florida 33131, USA L07000122477 December 10, 2007 4. Document number Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Transplobal Corporate Administration, LLC Registered Agent: Registered Office Address: 520 Brickell Key Drive. Suite O-305 Miaml, Florida 33131 (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: **NEW** Registered Agent: NRAI Services, Inc. NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 2731 Executive Park Drive, Suite 4 FL 33331 Weston 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 atherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized represent (ve of a member) Solo ANTONIO OLIVARET (Printed or typed frame of signee) *ALM7AR Z A* 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 statules 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Bani Keswani-Assistant Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)