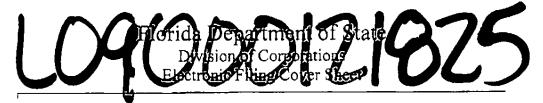
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(((H21000417007 3)))



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1, 06 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H21000417007 3

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. Na	une of the limited liability company:	MP PHARMA	CY SOLUT	TIONS, LLC	<u> </u>	4		
(vy ,	Principal office address of limited liabi (Note: MUST DE STREET AD			·	Mailing address of lim (Note: MAY BE Po	iited liability co		
	7500 NW 26TH STREET, SUITE 101			7500 NW	26TH STREET, SUITE 101			
	MIAMI, FL 33122			МІАМІ, Е	L 33122			
	December 23, 2009			L09000121	825			
3.	Date of filing/registration in F	lorida	— _{4:} -		Document numbe	er		
5. (a)	Registered Agent and Registered Office shown BRIAN BRITO Registered Office Address (MUST BE FLC				e: -	TA	29	
	7500 NW 26TH STREET, SUITE 101					רר) קררו	. 128	
	MIAMI	, F	L_33122		-	EURETARY (LLAHASSEE	NOV I	
(b)	Enter name of NEW Registered Agent and/or JOSEPH SINICROPJ NEW Registered Office Address:	NEW Registere	d Office add	rest:	-	OF STAFE EE, FLORIDA	2021 NOV 10 AM 11: 18	<u>С</u>
	7500 NW 26TH STREET, SUITE 101				•			
If the 1	MIAMI imited liability company is not organize	d under the la		State of Flo	- - orida, it is hereby c	confirmed th	at after th	ne
ageni v was/wa	e or changes are made, the Florida street vill be identical. Or, in the case of a Florica authorized by an affirmative vote of cles of organization or the operating ag	orida limited li the members	ability cor of the limi limited li	npany, it is ted liabilit	s hereby confirmed y company or as of	I that the chi	mge(s)	
	ture of a member or authorized representative of				Printed or typed nam	•		
	by accept the appointment as registered ons of all stanties relative to the proper igations of my position as registered agely reflect a change in the registered of the viring of this change.	agent and age and complete ent as provide Jee address, I	ree to act i performa id for in Ci hereby coi	n this cape nee of mit hapier 605 ifirm that i	acity. I further agr innes, and I am fa , F.S. Or, if this do the limited liubility	ree 10 compl miliar with i acument is b company h	y with the ind accep eing filed is been	!)! !
Signatu	ce of Registered Agent Inseph Sinicropi							
,	Division of Council	adama D O	n	T-11-1				

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