

L1000047310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

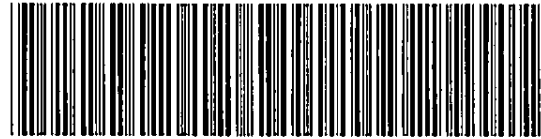
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700436309497

RECEIVED
SEP 10 AM 9:02
TALAHASSEE, FL
CLERK OF STATE

RECEIVED
2024 SEP 10 PM 3:25
TALAHASSEE, FLORIDA
CLERK OF STATE

K. HUNT

09/10/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext: x62969
Date: 09/10/24
Order #: 1606925-6
Re: BAYSHORE PHARMACEUTICALS LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Re:' line and extends into the 'TO WHOM IT MAY CONCERN:' section.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: 1200000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

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

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

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.

1. Name of the limited liability company: BAYSHORE PHARMACEUTICALS LLC
2. (a) 1202 TECH BLVD
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
107
TAMPA, FL 33619
- (b) 1202 TECH BLVD
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
107
TAMPA, FL 33619
3. 05/03/2010
Date of filing/registration in Florida
4. L10000047310
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

RAISKIN, DAVID B

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1202 TECH BLVD 107

TAMPA, FL 33619

- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Milon Roy

Signature of a member or authorized representative of a member

Milon Roy, Authorized Person

Printed or typed name of signee

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 605, 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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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

FILING FEE: \$25.00

CSC COA-9235