

L11000114990

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K. SALY
JUL 24 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 315208 7586875

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : July 23, 2018

ORDER TIME : 10:12 AM

ORDER NO. : 315208-005

CUSTOMER NO: 7586875

CHANGE OF AGENT

NAME: STRATFORD PHARMACEUTICALS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stratford Pharmaceuticals, 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:

Kristi Gilbaugh

Name of Person

Eli Global, LLC

Firm/Company

2222 Sedwick Road

Address

Durham, NC 27713

City/State and Zip Code

kgilbaugh@eliglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristi Gilbaugh at (919) 205-4324

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Stratford Pharmaceuticals, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

630 Brooker Creek Blvd. Suite 340

2222 Sedwick Road

Oldsmar, FL 34677

Durham, NC 27713

October 6, 2011

L11000114990

3. Date of filing/registration in Florida

4. Document number

5. (a) Peter A. Rivellini

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

911 Chestnut Street

Clearwater, FL 33756

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1701 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.

Greg E. Lindberg
Signature of a member or authorized representative of a member

Greg E. Lindberg
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.

Holly Jones
Signature of Registered Agent
Holly Jones
Assistant Vice President

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

FILED
18 JUL 23 AM 8:33
STATE OF FLORIDA
TALLAHASSEE