L14000042638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/05/2019

Name: **Merritt Walker**

Reference #: **1042911**

Entity Name: **PHOENIX TOXICOLOGY & LAB SERVICES, LLC**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☑ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: $25

Signature: _____

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES.
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

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: PHOENIX TOXICOLOGY & LAB SERVICES, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2432 West Peoria Ave, Suite 1064

Phoenix, AZ 85029

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2432 West Peoria Ave., Suite 1064

Phoenix, AZ 85029

3. Date of filing/registration in Florida: 03-14-2004

4. Document number: L14000042638

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

4501 Woodridge Rd.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Miami, FL 33133

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

NEW Registered Office Address:

115 N. Calhoun Street, Suite 4

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

*_____
Signature of a member or authorized representative of a member

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.

Robert Louis DeFrank
Signature of Registered Agent

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

ENBS18 (2/14)