

13/2018

Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
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LLC REGISTERED AGENT CHANGE
SCI LAB LLC

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Y SULKER

**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: SCI LAB LLC

2. (a) 1551 FORUM PLACE, (b) 1551 FORUM PLACE,
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SUITE 300 E SUITE 300 E
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

12/19/2014 L14000193060

3. Date of filing/registration in Florida 4. Document number

5. (a) CAMBA, MONICA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

7410 US 1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 402
Port St. Lucie, FL 34952

(b) Northwest Registered Agent, LLC.

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

3030 N. Rocky Point Dr.
NEW Registered Office Address:
STE 150A
Tampa, FL 33607

FILED
18 FEB 19 AM 9:49
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.

Morgan Noble Morgan Noble
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.

Tom Glover Tom Glover - Assistant Secretary
Signature of Registered Agent