## L15000089886

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



700279063567

700279063567 11/20/15--01008--002 \*\*25.00

2015 NOV 20 P 12: 42
SECRETARY OF STATE
AND AHASSEE, FLORIDA

NOV 2 3 2015 ). BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Scientific Laboratory Company 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:
To seph W. Munden  Name of Person
Scientitic Laboratory Company, LC Firm/Company
1/350 SW Village Pkwy. #348 Address
Part St. Lucie FL 34987  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Compared to Sc. only fc- kb. com  E-mail address: (to be used for future annual report notification)
Port St. Lucie FL 34987  City/State and Zip Code  City/State and Zip Co
Russ Wavington at (214) 519-3376  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  Final Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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. N	lame of the limited liability company: Scientific Laboratory Company LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Port St. Lucie, FL 34987  34987
	05/31/3015 L 15000089886  Date of filing/registration in Florida 4. Document number
3.	Date of filing/registration in Florida 4. Document number
5. (a	)
(-	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:
Ì	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	NEW Registered Office Address.
	, FL
the clagera was/	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after pange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
	Joseph W. Munden Printed or typed name of signee
_	
provi the o to me	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been led in writing of this change.
Signa	ture of Registered Agent