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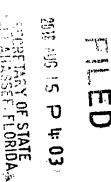
| (Req | uestor's Name) | |
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| (Add | ress) | |
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| (City | /State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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S Warren

AUG 1 6 2015

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Q Laborated 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: | | |
| Joshua Hirth | | |
| Often Labo | | |
| 11198 S Jog Rd Address | | |
| Boy Nton Beacle, FL, 33457 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Joshung Hinth at (S61) 504 - 8343 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: | | |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Feè

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.

7

| 1. Name of the limited liability company: Optum Labs | | |
|---|--|--|
| 2. (a) 11195 S JOG R) (b) 11195 S JOG R) | | |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| Suite 4 Suite 4 | | |
| Boynton Beau, FL, 33437 Boynton Beau, FL, 8343 | | |
| 1/32/16 1/2000/16280 | | |
| 3. Date of filing/registration in Florida 4. Document number | | |
| 5. (a) Krasna, January Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| 1900 NW COSPORATE BIUD | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | |
| Suite 301W | | |
| Boca Ratan .FL 33431 | | |
| a Hirthy tollers O | | |
| (b) Flifty Dobling Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| THE U | | |
| NEW Registered Office Address: 3 | | |
| NEW Registered Office Address: | | |
| suite 7 | | |
| Boynton Beach , FL 83437 | | |
| 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 author/zed/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 address, I hereby confirm that the limited liability company has been notified in writing of this change. | | |
| Signature of Registered Agent | | |
| | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 | | |