

**L1600084097**

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603

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Email Address: john.lawler@gmail.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
LABEL ANALYTICS LLC**

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No. 1736 P. 2

**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: LABEL ANALYTICS LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
6150 Amberwoods Drive  
Boca Raton, Florida 33433
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
6150 Amberwoods Drive  
Boca Raton, Florida 33433
3. 4-28-2016 Date of filing/registration in Florida
4. L16000084097 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LEGALINC CORPORATE SERVICES, INC.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5237 SUMMERLIN COMMONS, SUITE 400  
FORT MYERS, FL 33907
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
HAILE SHAW & PFAFFENBERGER, P.A.  
NEW Registered Office Address:  
660 U.S. ONE, THIRD FLOOR  
NORTH PALM BEACH, FL 33408

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.

John Lawlor

Signature of a member or authorized representative of a member

John Lawlor

Printed or typed name of signer

*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.*

Signature of Registered Agent

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

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