

4/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000184585

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE OCEAN CLINICAL RESEARCH CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

APR 06 2018
Help
J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BlueOceanClinicalResearchCenter, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 29, 2017 and assigned Florida document number LI7000184585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1720 El Camino Real, Suite 2245

Burlingame, California 94010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1720 El Camino Real, Suite 225

Burlingame, California 94010

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

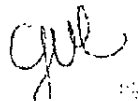
Florida 33324

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.



Olga Hinkel - VP

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DanaMDeupree	280N.McMullenBoothRdSTE1	☐ Add
		Clearwater,FL33761	☒ Remove
			☐ Change
AMBR	JeffWalker	1720ElCaminoReal,Suite225	☒ Add
		Burlingame,CA94010	☐ Remove
			☐ Change
AMBR	RandallShaw	1720ElCaminoReal,Suite225	☒ Add
		Burlingame,CA94010	☐ Remove
			☐ Change
AMBR	KrishnaKishor	1720ElCaminoReal,Suite225	☒ Add
		Burlingame,CA94010	☐ Remove
			☐ Change
AMBR	Meggen Rhodes	1720ElCaminoReal,Suite225	☒ Add
		Burlingame,CA94010	☐ Remove
			☐ Change
	MeggenRhodes		☐ Add
			☐ Remove
			☐ Change

[illegible]

Note: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records:

Dated April 4, 2018

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