## L22000115763

(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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A. RIVERS FEB 2 2 2023



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11/20/22-60145-00-5-5655



## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Perennial Pharma LLC			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Jhanese Hoosain			
Name of Person			
ZenBusiness Inc.			
Firm/Company			
336 E. College Ave. Suite 301			
Address	<del></del>		
Tallahassee, FL 32301			
City/State and Zip Code			
ra@zenbusiness.com			
E-mail address: (to be used for future annual i	report notification)		
For further information concerning this matter, plea	se call:		
Jhanese Hoosain	844 493-6249 t ( )		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amo	ount:		
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.	1. Name of the limited liability company: Perennial Pharma LLC						
2		5865 WEST 13TH COURT	(	<sub>(b)</sub> 5865 WEST 13TH COURT			
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		HIALEAH, FL 33012		HIALE	EAH, FL 33012		
		03/07/2022		L2200	00115763		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	STEER, BEN					
٦.	(A)	Registered Agent and Registered Office shown on the records of	tbe Florid	la Dept. of Stat	- e:		
		5865 WEST 13TH COURT					
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u></u>	-		
			-				
		HIALEAH ,FI	330	12	- 202 - 32		
(b) ZenBusiness Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:					282 HOV		
		336 E. College Ave. Suite 301			6 PH12: 12		
		NEW Registered Office Address:			12 12 12 12 12 12 12 12 12 12 12 12 12 1		
		Tallahassee	32301	·-·	-		
		, FL	<b>'</b>		-		
cha age wa	ange ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited	red office an ompany, it is nited liability liability con	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.		
		isi Ben Steer	Be	en Steer	, member		
	_	ure of a member or authorized representative of a member			Printed or typed name of signee		
the to no	ovisi obl mere tifiet	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change	ee to ac perform d for in hereby c	t in this cape nance of my o Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been		