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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 2 4 2016 S. YOUNG February 12, 2016

## <u>VIA US MAIL</u>

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Pharmalogic Syracuse, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 CORP \$ 25.00 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Candice Callins
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

## 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. Na	me of the limited liability company: PHARMALOGI	CSY	RACUSE	, LLC			
2. (a)	1001 19th Street North	(b) 1 SOUTH OCEAN BLVD.					
	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 206					
	10th Floor						
	Arlington, VA 22209	BOCA RATON, FL 33432					
	01/25/2000		M0000000144				
3.	Date of filing/registration in Florida	4.		Document number	er		··
5. (a)	CORPORATION SERVICE COMPANY						
5. (u)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	<i>r</i> -	-	 e: 			
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS</u>	1		<u>بر ب</u>	هست	,
	TALLAHASSEE , FL 3	32301-	2525	<u>-</u>		<b>高</b> 五	:
(6)	Registered Agent Solutions, Inc.					L'E	
Enter name of NEW Registered Agent and/or NEW Registered Office address:				-		2 U	٠,
	155 Office Plaza Dr.					ų: 57	
	NEW Registered Office Address:	·		•	4.		1
	Suite A		•	_			
	Tallahassee, FL 3	2301		<u>-</u>			
the cha agent v was/we the arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member	ne regis vility co the lim mited l	stered offic mpany, it i ited liabilit iability cor	e and the business s hereby confirme y company or as o	office of d that th therwise	of the registence change(s) the provided in	ered n
the oblice to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.  All Agent  Of Registered Agent	erforma for in C reby co	ance of my Chapter 60: Onfirm that	acity. I further ag duties, and I am f 5, F.S. Or, if this a the limited liabilit	ree to c miliar v locumen y compo	omply with with and acc it is being fi any has beei	the cept léd 1