

12/4/2014 10:20:14 From: To: (850)617-5380

(1/5)

Division of Corporations

Page 1 of 1

MD9000002970

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

FILED

14 DEC -11 AM 10:37

STATE OF FLORIDA

RECEIVED
14 DEC -11 AM 2:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

LLC REGISTERED AGENT CHANGE
QOL MEDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

CRM
12-5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qol Meds LLC

Name of Limited 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____)

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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

FILED
14 DEC -4 AM 10:37
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: QOL MEDS, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4900 PERRY HWY, BUILD 2
PITTSBURG, PA 15229
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 07/31/2009 Date of filing/registration in Florida
4. M09000002970 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTERED AGENT SOLUTIONS, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 OFFICE PLAZA DR. SUITE A
TALLAHASSEE, FL 32301
- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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]
Signature of a member or authorized representative of a member

TROY TOLAND
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.

By: [Signature]
Signature of Registered Agent

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

INHS18 (2/14)

FILED
14 DEC -4 AM 10:37
TALLAHASSEE, FLORIDA
STATE DEPT. OF REVENUE

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14 DEC -4 AM 10:37
STATE
TALLAHASSEE, FLORIDA

Power of Attorney

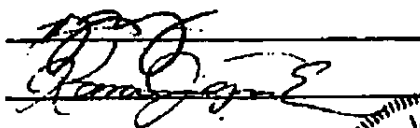
NOTICE IS HEREBY GIVEN THAT Specialized Pharmaceuticals, INC. (Corporation"), a Corporation incorporated under the laws of Pennsylvania, does hereby appoint Katherine Schneider, Nancy Lydon, and Troy Toland (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the Corporation to act for the Corporation and affiliates and subsidiaries of the Corporation attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Corporation and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to change entities' registered agent and registered office and forms of similar import on behalf of the Corporation and Subsidiaries in any state and the District of Columbia.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Katherine Schneider, Nancy Lydon, and Troy Toland shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 24th day of November.



Sworn to and subscribed before me
this 24th day of November, 2014.

Notary Public, State of Washington
Commission Expires: 12/29/2015

