M09000002970

Division of Corporations

Florida Department of State
Division of Corporations
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To:
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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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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LLC REGISTERED AGENT CHANGE
QOL MEDS, LLC

Certificate of Status	0
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Page Count	05
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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

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TALLAHASSEE, FLORIDA

JNHS18 (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. 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

TROY TOLAND
Printed or typed name of signee

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.

C T Corporation System
By:
Signature of Registered Agent

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

INHS18 (2/14)

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.

KARA JAYNE ERTEL
NOTARY PUBLIC
STATE OF WASHINGTON
Commission Expires 12-29-2015

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