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DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

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ap stials as a

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 6551.08 5057753						
AUTHORIZATION : Blesson						
COST LIMIT : \$ 25.00						
ORDER DATE: May 3, 2022						
ORDER TIME : 8:35 AM						
ORDER NO. : 655108-205						
CUSTOMER NO: 5057753						
CHANGE OF AGENT						
NAME: COBALT LABORATORIES, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						
EXAMINED'S INTUING.						

## 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	ame of the limited liability company:COBALT LAE	BORATORI	ES, LLC	
2. (a)	400 Internace Parkway Bldg A	(b	)	
L. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3	, <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Parsippany, NJ 07054	<del></del>		
	02/07/2012		M1200000	00729
3.	Date of filing/registration in Florida	4,		Document number
5 (a)	Corporate Creations Network Inc.			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	te:
	801 US Highway 1			
	Registered Office Address (MUST BE FLORIDA STREE	_		
	North Palm Beac, I	FL33408		2022 HAY 12 SECKELLAHA
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company			AY 12 AM 8:
	NEW Registered Office Address:			39 ATE
	1201 Hays Street		_	_
	Tallahassee, F	FL		_
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the ne registere liability con s of the limi	State of Fl d office ar mpany, it i ited liabili	orida, it is hereby confirmed that after the did the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
	l Cilmi			orized Person
Signa	ture of a member or authorized representative of a member	<del>-</del>		Printed or typed name of signee
I herei provisi the obl to mere notifieg	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i Lin writing of this change.	gree to act le performa led for in C I hereby co Corporatio	in this cap ince of my hapter 603 infirm that on Service	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been company
(	er M Ley	•		st. Vice President
Signatur	re of Registered Agent		•	