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(Re	questor's Name)		
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(Ad	ldress)		
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(Ad	dress)		
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(Ci	ty/State/Zip/Phone		
(Cil	ly/State/Zip/Prione	3 #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	ertificates of Status	
Special Instructions to	Filing Officer		
Special Instructions to Filing Officer:			
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Office Use Only



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15 FEB -5 PH 12: 41

FEB 1 0 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: February 3, 2015

Order#: 479303-004

Re: MARZANO RESEARCH LABORATORY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Sylvia Queppet

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

2. (a)		(b)_	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	555 N. Morton Street		
	Bloomington, IN 47404		
	02/21/2012	٨	<i>I</i> 12000000990
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Registered Office shown on the records of	of the Florida De	ppt. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
			15 TAL 15
	Plantation		FEB
	Plantation , F	·L <u>33324</u>	FIII
(b)	Corporation Service Company		%i+ </td
(-) .	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	PH 12: 4
			ORI ORI
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , F	FL 32301	
ftha li	mited liability company is not arganized under the l	awa af tha Cta	oto of Florida it is bounded on Game dale a - Game
he chai	mited liability company is not organized under the large or changes are made, the Florida street address of	of the register	red office and the business office of the registere
gent w	rill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members	liability comp	pany, it is hereby confirmed that the change(s)
he artic	cles of organization or the operating agreement of the	ne limited liab	ility company.
		Dona P	Priebe, Authorized Person
Signati	ure of a mer ber or authorized representative of a member	<u> </u>	Printed or typed name of signee
I hereb rovisio he obli o mere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address, in writing of this change.	gree to act in te performanc led for in Cha I hereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and acce upter 605, F.S. Or, if this document is being file irm that the limited liability company has been

Signature of Registated Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President

Line august