M1200000 4152

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: August 29, 2020

Order#: 400079-012

Re: PHARMALABS 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: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive 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.

1. Na	ame of the limited liability company: PHARMALABS	LLC			
2. (a)	10901 Roosevelt Blvd N		(b) 10901 Roosevelt Blvd N Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 1200C St. Petersburg, FL 33716		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	Suite 1200C				
	St. Petersburg, FL 33716				
	07/23/2012	M12000004		1152	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Registered Agents Inc.				
J. (d)	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept. of State	:	
	7901 4TH STREET NORTH				
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)		
	SUITE 300				
	ST.PETERSBURG	. 3370	2		
(b)	, FI	L			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office	: address:		
	NEW Registered Office Address:		•		
	1201 Hays Street				
	Tallahassee, Fi	L3230)1 		
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registiability of the limite	tered office and company, it is limited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member	_	III CIIIII, AUUIO	Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to e perfor ed for i hereby	act in this capa rmance of my a n Chapter 605, confirm that t	city. I further agree to comply with the	
Signatu	re of Registered Agent				