Ø001/002

Electronic Filing Cover Sheet

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(((H14000039785 3)))



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LLC REGISTERED AGENT CHANGE PHAC1, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Nat	me of the limited liability company: PHAC1, LLC	
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	my: 610 Ryan Avenue, Suite 5 Westville, NJ 08093
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	610 Ryan Avenue, Suite 5 Westville, NJ 08093
3. Dat	April 15, 2013 te of filing/registration in Florida	M13000002409 4. Document number
5. (a)	Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
	Registered Agent:	W. Bradley Munroe, Esquire
	Registered Office Address:	239 East Virginia Street Tallahassee, FL 32301,
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
	NEW Registered Agent:	Nicholas Papanier
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	666 N. Federal Highway Ft. Lauderdale FL 33304-468
confirm and the liability	imited liability company is not organized under the ned that after the change or changes are made, the business office of the registered agent will be ide y company, it is hereby confirmed that the change mbers of the limited liability company or as other erating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of
	of a member or sutherhead representative of supember	· · · · · · · · · · · · · · · · · · ·
Printed of I herely and I a Chapte iddres:	or typed name of signee by accept the appointment as registered agent and i with the provisions of all statutes relative to the p im familiar with and accept the obligations of my p ir 603, F.S. Or, if this document is being filed to n s, I hereby confirm that the limited liability compa of Registered Agent	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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

INHS18 (12/13)