10/11/2017

Division of Corporations

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	Account Number : FCA000000023					-2
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OCT 1 2 2017 J. HARRIS



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.

I. Na	me of the limited liability company: AlereNorthAm	nerica.l.LC	· · · · · · · · · · · · · · · · · · · ·				
				Mailing address of limi			
(116) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAYBEPO	ied liabilit STOFFI	ty compa CE BO.	my: ∑⁄
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	ORLANDO,FL32818		ORLAND	OO,FL32818			
	7/26/2013	_	M1300000	4693		— - 	
3.	Date of Hing/registration in Florida CORPORATIONSERVICECOMPANY	4.		Document numbe	٢		
5. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept, of Sta	ite.			
	Registered Office Address (MUST BE FLORIDA STREE) 1201HAYSSTREET	TADORE.	<u></u>				
	TALLAHASSEE	FL_32301	2525	_		2017 0	1223, a
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> C FCorporationSystem				*	0 :01 51/4	
	NEW Registered Office Address:				10	0: (
	1200SouthPineIslandRoad				-	\$59 -	
	Plantation,	FL_3332-	.	··-			
the ch agent was/w the ar	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tree authorized by an affirmative vote of the member ticles of organization or the operating agreement of	laws of the red liability ers of the limite	he State of I gistered of I company, it imited liabi	Florida, it is hereby ice and the business t is hereby confirmed lity company or as company.	rd that th	he chai	าษ์(ร)
Sivi	enture of a neighbor or authorized representative of a member	_		Printed or typed na			
l her- provi the ol	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compl sligations of my position as registered agent as prov rely reflect a change in the registered office address	cided jór í s, Therebj	act in this commune of m n Chapter of confirm the	apacity. I further a ny duties, and I am) 105, F.S. Or, if this at the limited liabil.	gree to c 'amiliar docume ity comp	comply with a ent is be eany he	with the nd accep ing fileo is been
notiji CTC Sy:	orporationSystem M M James M Assistant	1. Halpin					
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Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 FILING FEE: \$25.00