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| (Re | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | · #) | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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JUN 0 7 2016 S. YOUNG



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: June 1, 2016

Order#: 146377-013

Re: LAB LOGISTICS, 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: Grace Kirby

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

SECURISMENT OF THE PROPERTY OF

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) | 30 Railroad Avenue Principal office address of limited liability company: | (b) | Mailing address of timit | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
|------------|---|--------------------------------|-------------------------------|---|--|
| | (Note: MUST BE STREET ADDRESS) | | _ | | |
| | | · | | | |
| | West Haven, CT 06516 | | | | |
| | 10/16/2013 | <u>M</u> | 13000006555 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a) | INCORPORATING SERVICES, LTD. | | | - Fo | |
| | Registered Agent and Registered Office shown on the records of | et. of State: | 5 | | |
| | 1540 GLENWAY DRIVE | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | ♂ 250 | | |
| | | | | 를 했다 | |
| | TALLAHASSEE | L 32301 | | AMIL: 03 | |
| | ,,11 | L/ <u>02001</u> | | 3 | |
| (b) | Corporation Service Company | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office address | ŗ. | | |
| | 1201 Hays Street | | | | |
| | NEW Registered Office Address: | | ··· | | |
| | | | | | |
| | | | | | |
| | Tallahassee , FI | L 32301 | | | |
| 1 Caba - 1 | | | | | |
| the cha | limited liability company is not organized under the la ange or changes are made, the Florida street address o | f the registere | ed office and the business o | ffice of the registered | |
| | will be identical. Or, in the case of a Florida limited lease authorized by an affirmative vote of the members | | | | |
| | idles of organization or the operating agreement of the | | | ior wide provided in | |
| | Xel & GOME | Jill Cilm | i, Authorized Person | | |
| Sign | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | | Printed or typed name | 8 | |
| I here | by accept the appointment as registered agent and ag iens of all statutes relative to the proper and complete | e nerformanci | e of my duties, and I am fan | niliar with and accept | |
| کیناں ایر | | and Commission Classes | ntár 605 F.S. Or if this do | cumant is baina filad | |
| the ob | ligations of my position as registered agent as provide alv reflect a change in the registered office address. I | hereby confi | rm that the limited liability | company has been | |
| the ob | ligations of my position as registered agent as provide My reflect a change in the registered affice address, I d'in writing of this change | ea jor in Chaj hereby confi | rm that the limited liability | company has been | |

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