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## LLC REGISTERED AGENT CHANGE AMERICAN PHARMACEUTICAL INGREDIENTS, LLC

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C. LEWIS

APR 1 5 2014

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## STATEMENT OF CHANGE OF REGISTERED OFFIGE 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.

١.	\a	ame of the limited liability company: AMERICAN PHARMACEUTICAL INGREDIENTS, LLC				
2. (	a S	6650 HIGHLAND ROAD UNIT 302		(b)	6650 HIGHLAND ROAD UNIT 302	
_	,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	·.	( - ) say	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		WATERFORD, MI 48327			WATERFORD, MI 48327	
		03/05/2014			M14000001467	
3.		Date of filing/registration in Florida		4,	Document number	
5. 1	n i	JILLENE DOOKLADIR, ESQ.				
(6)		Registe ed Agent and Registered Office shown on the recor	rds of the	Florida De	ept. of State:	
		4800 N FEDERAL HIGHWAY, STE B200				
		Registered Office Address	EET AD	<u>DRESS)</u>		
		BOCA RATON	_, FL	33431	1	
	<b>់</b> រ	SUPERBIZ REGISTERED AGENT, II	NC.			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		2761 VISTA PARKWAY, STE E4				
		NEW Registered Office Address:	,		<del></del>	
		WEST PALM BEACH	FL	33411	1	
the c agen was	itar William William	mited liability company is not organized under the age or changes are made, the Florida street addrestil be identical. Or, in the case of a Florida limitare authorized by an affirmative vote of the membeles of organization or the operating agreement of	ss of th ed liabi ers of t	e register lity comp he limited nited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in pility company.	
		tre of a member or authorized representative effactioning		KA	ARL MICHAEL JEBAILEY	
			۸,		Printed or typed name of signee	
The prov the c to of aotif	ren rsiö hlig red	vaccept the appointment as registered agent and ons of all statutes relative to the proper and comp eations of my position as registered agent as pro by reflect o change in the registered office address in writing of this change	l agree dete pe vided f ss. I her	to act in rjormanc or in Cha why confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	
Sign	ature	of Registered Agent	-			

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