

MI4000002793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

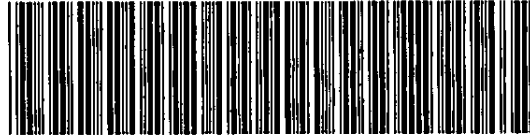
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2016 APR -5 P 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 08 2016  
J. BRUCE

**COVER LETTER**

**TO:** , Registration Section  
Division of Corporations

**SUBJECT:** New Strategies North America LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louise Martin-Valiquette, Esq.  
Name of Person

\_\_\_\_\_  
Firm/Company

1 Rockledge Avenue  
Address

Ossining, NY 10562  
City/State and Zip Code

LMVALIQUETTE@GOOGLE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise Martin-Valiquette at (914) 944-0960  
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: New Strategies North America LLC

Enter new principal office address, if applicable: 42 Gulf Blvd., #10

(Principal office address

MUST BE A STREET ADDRESS)

Indian Rocks Beach, FL 33785

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

42 Gulf Blvd., #10

Indian Rocks Beach, FL 33785

2. The Florida document number of this limited liability company is: M14000002793

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/22/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

**AX FOR PHARMA NORTH AMERICA LLC**

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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 TALLAHASSEE, FLORIDA

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
 aforementioned amendment(s), duly authenticated by the official having custody of records in the  
 jurisdiction under the law of which this entity is organized.

*Louise Martin-Valiquette*

Signature of the authorized representative

**Louise Martin-Valiquette, Esq.**

Typed or printed name of signee

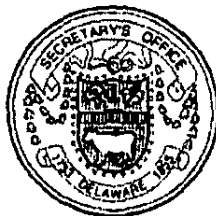
Filing Fee: \$25.00

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NEW STRATEGIES NORTH AMERICA LLC", CHANGING ITS NAME FROM "NEW STRATEGIES NORTH AMERICA LLC" TO "AX FOR PHARMA NORTH AMERICA LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2016, AT 11:30 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

5128835 8100  
SR# 20161145195

Authentication: 201899174  
Date: 02-27-16

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
NEW STRATEGIES NORTH AMERICA LLC

2. The Certificate of Formation of the limited liability company is hereby amended  
as follows:

The First Article of the Certificate of Formation is  
hereby amended to read as follows:  
"The name of the limited liability company is  
AX FOR PHARMA NORTH AMERICA LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 19th day of February, A.D. 2006.

By: *Louise Martin-Valiquette*  
Authorized Person(s)

Name: Louise Martin-Valiquette  
Print or Type