

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M1400002793**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NRAI SERVICES, LLC  
Account Number : 120080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

2020 MAY 12 PM 4:41

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rig@rigoodmanlaw.com

**LLC REGISTERED AGENT CHANGE  
AX FOR PHARMA NORTH AMERICA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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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 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.

AX FOR PHARMA NORTH AMERICA LLC

- 1. Name of the limited liability company: \_\_\_\_\_
- 2. (a) 100 S ASHLEY DRIVE (b) 100 S Ashley Drive  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Suite 600 Suite 600  
Tampa, FL 33602 Tampa, FL 33602

- 3. 04/22/2014 4. M14000002793  
 Date of filing/registration in Florida Document number

- 5. (a) BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
155 Office Plaza Dr 1st Floor  
Tallahassee, FL 32301

- (h) NRAI Services, Inc.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

2020 MAY 12 PM 4:41

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Robert I. Goodman, ESQ  
 Signature of a member or authorized representative of a member Printed or typed name of signer

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.

By: [Signature]  
 Signature of Registered Agent

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