M14000003348

(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:						





700331556347

07/15/19--01017--009 **25.00

FILED

19 JUL 15 PH 2: 43

Schricken Stroken.

ML24 TM TSCHRWEDER

a fiefe marte accommendent to the



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: July 11, 2019

Order#: 810646-007

Re: WESTMINSTER PHARMACEUTICALS, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

MX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive 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.

OUCA.XCOA

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.

1. 8	Name of the limited liability company: WESTMINSTER PHARMACEUTICALS, LLC					
2. (a)	3810 NORTHDALE BLVD. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	(b)		
	TAMPA	FL 33624	 -			
• 7	05/16/2014	- C1		M14000003348		
3.	Date of filing/registration i	п г юпаа	4.	Document n	umper	
5. (a	,					
	Registered Agent and Registered Office sho	own on the records of t	the Florida I	Dept. of State:		
	3810 NORTHDALE BLVD					
	Registered Office Address (MUST BE)					
					20 A	
	Татра	FL	33624		FILL SHA	
(b)	Corporation Service Company				15 I	
	Enter name of <u>NEW Registered Agent</u> and	for NEW Registered	Office addr	en:	ED PH 2: 43 ELFLORIDA	
	1201 Hays Street				# 1	
	NEW Registered Office Address:				>_	
						
	Tallahassee	, FL	32301	<u> </u>		
the chagent was/v the ar	limited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of drganization or the operating	a street address of Florida limited lia of the members o agreement of the	the register ability com- of the limited limited lia Jill Cil	ered office and the busingany, it is hereby confed liability company or bility company. mi, Vice President Printed or type	ness office of the registered irmed that the change(s) as otherwise provided in an of signee	
provi: the ob to me notific	rby accept the appointment as registerions of all statutes relative to the pro- ligations of my position as registered rely reflect a change in the registered red in writing of this change were of Registered Agent Corporation Scr	per and complete lagent as provided office address. I h	performan I for in Ch iereby con	n this capacity. I furthe we of my duties, and I a apier 605, F.S. Or, if i firm that the limited lid we E. Kirby, Asst. Vi	am familiar with and accept this document is heing filed ability company has been	