

**M14000006156**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

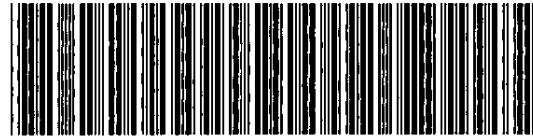
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**300298805383**

05/08/17--01010--020 \*\*35.00

**FILED**  
17 MAY 23 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. SCOTT**  
MAY 24 2017

Merit Laboratory Partners, LLC  
357 Riverside Drive, Suite 100  
Franklin, Tennessee 37064  
www.meritlaboratorypartners.com



MAY 17, 2017

**Florida DOS-Division of Corporations**

Attn: Dionne Pijaux  
P.O Box 6327  
Tallahassee, FL 32314

Doc. # M1400000156

Per our conversation today, I am returning the enclosed revised documents to change the Merit Laboratory Partners, LLC registered agent for the state of Florida. You stated that I didn't need to include any further funds to effect this change, so I didn't do so. Please let me know if you need any further information to make this change.

Sincerely,

**Debra Branson**  
CFO

FILED  
17 MAY 23 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
17 MAY 23 PM 12:07  
ONE FINESTREET TOWER  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERIT LABORATORY PARTNERS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA BRANSON  
Name of Person

MERIT LABORATORY PARTNERS, LLC  
Firm/Company

357 Riverside Drive, Suite 100  
Address

Franklin, TN 37064  
City/State and Zip Code

debra@mlplabs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBRA BRANSON at ( 615 ) 465-6529 X1006  
Name of Person Area Code & Daytime Telephone Number

FILED  
17 MAY 23 PM 1:43  
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

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: MERIT LABORATORY PARTNERS, LLC

2. (a) 357 Riverside Drive (b) same  
 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 100  
Franklin, TN 37064

3. 1/12/2012 4. M1400000156  
 Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding COURT, SUITE A  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tampa, FL 33612  
 \_\_\_\_\_, FL \_\_\_\_\_

(b) NATIONAL REGISTERED AGENTS, INC.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1200 SOUTH PINE ISLAND ROAD  
NEW Registered Office Address:  
 \_\_\_\_\_  
PLANTATION, FL 33324

FILED  
 17 MAY 23 PM 1:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

David McCrea DAVID MCCREA  
 Signature of a member or authorized representative of a member Printed or typed name of signee

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.

PATRICIA BOVERIE  
 Signature of Registered Agent