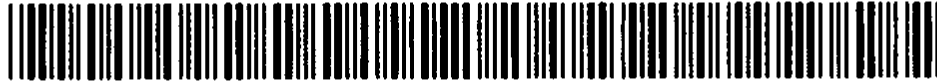


Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
AX FOR PHARMA S.R.L.,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUL 18 PM 3:15

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2022 JUL 18 AM 10:54  
DIVISION OF CORPORATIONS  
FLORIDA

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T. LEMIEUX  
JUL 19 2022

**COVER LETTER**

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

**SUBJECT:** AX FOR PHARMA S.R.L.,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:

Josh Murphy

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Pkwy, Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Murphy

Name of Person

at ( 512 ) 623-1318

Area Code & Daytime Telephone Number

**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: AX FOR PHARMA S.R.L., LLC
2. (a) 100 S Ashley Drive Ste 600 (b) 100 S Ashley Drive Ste 600

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Tampa, FL 33602

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33602

3. 11/12/2014 4. M14000008201
- 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:

155 OFFICE PLAZA DRIVE, 1ST FLOOR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

REGISTERED AGENT SOLUTIONS, INC.

NEW Registered Office Address:

155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE, FL 32301

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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.

Amanda Vealey

Signature of a member or authorized representative of a member

Amanda Vealey Manager

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.

Mackenzie Hart  
Signature of Registered Agent

Mackenzie Hart, Asst. Secretary