

1/17/2020

Kim Tadlock 8004323622

(02/06) 01/17/2020 03:46:24 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500

Fax Number : (800)432-3622

**\*\*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 AMND/RESTATE/CORRECT OR M/MG RESIGN  
PATHWAY BIOLOGIC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2020 JAN 17 PM 4:53

2020 JAN 17 AM 11:49  
FILED  
TALLAHASSEE  
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

Y. C. C. C. C.

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**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: PATHWAY BIOLOGIC, LLC

Enter new principal office address, if applicable: 4316 New River Hills Pkwy

(Principal office address  
MUST BE A STREET ADDRESS) Valrico, FL 33596

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX) 4316 New River Hills Pkwy  
Valrico, FL 33596

2. The Florida document number of this limited liability company is: M16000000101

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 1-5-2016

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

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

2020 JAN 17 AM 11:29  
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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:

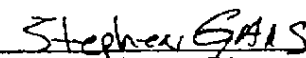
\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	Charisse Pacheco	111 E. TEVER STREET	<input type="checkbox"/> Add
		Plant City, FL 33563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.

  
Signature of the authorized representative

STEPHEN GANS

  
Typed or printed name of signer

Filing Fee: \$25.00

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# Delaware

The First State

Page 1

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 "PATHWAY BIOLOGIC,  
LLC", CHANGING ITS NAME FROM "PATHWAY BIOLOGIC, LLC" TO "PB  
SCIENCES, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF  
JANUARY, A.D. 2020, AT 4:33 O'CLOCK P.M.



5926889 8100  
SR# 20200246377

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202180400  
Date: 01-14-20

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered: 04:33 PM 01/15/2020  
FILED: 04:33 PM 01/15/2020  
SR: 20200146377 - File Number: 5916889

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: PATHWAY BIOLOGIC, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

THE NAME OF THE LIMITED LIABILITY COMPANY SHALL BE  
CHANGED TO PB SCIENCES, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 10 day of JANUARY, A.D. 2020.

By:   
Authorized Person(s)

Name: Michael R. Evans  
Print or Type