## M1800000 7118

(Requestor's Name)				
(Add)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: April 2, 2019

Order#: 693022-004

Re: AVITA DRUGS FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur 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.

QUCA. 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. ì	Name of the limited liability company: AVITA DRUGS	FLORIDA	, LLC
2. (a	AVITA DRUGS FLORIDA, LLC	(b)	10604 COURSEY BLVD
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(1)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BATON ROUGE, LA 70816		BATON ROUGE, LA 70816
		<del></del> -	
	07/30/2018	<del></del>	M18000007118
3.	Date of filing/registration in Florida	4.	Document number
5. <b>(</b> a	) NORTHWEST REGISTERED AGENT LLC.		
	Registered Agent and Registered Office shown on the records of t	the Florida I	Dept. of State:
	7901 4TH STREET N		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	SUITE 300		
	ST.PETERSBURG FL	33702	
(b)	Corporation Service Company		AR THE
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	
			- T - T
	1201 Hays Street		
	NEW Registered Office Address:		O4
	Tallahassee, FL_	32301	
ine ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s)
	Xue & agnie	Jill Cili	mi, Authorized Person
	ature of a member or authorized representative of a member		Printed or typed name of signee
he ob o mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I ha d in writing of this change.	ee to act in performand for in Che ereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed arm that the limited liability company has been
Signati	ine of Registered Avent Company Company	DV. C	F 12.1 - A - 2.1 - 2.2 - 2.1
	ire of Registered Agent Corporation Service Company	B I : Otac	ce E. Kirby, Assistant Vice President