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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 ; (512)418-6949 Fax Number : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE AVEE LABORATORIES INC.

المراجع والمستقبل والمراجع والمستقبل والمستقبل والمراجع والمستقبل والمستقبل والمستقبل والمستقبل والمستقبل	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج
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OCT 1 2 2017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization order to change its registered office or regis	unized under the laws of the State of Florida	
1. The name of the corporation: AveeLaboratoriesInc.		
2. The principal office address:	760	
3. The mailing address (if different):	33760	
4. Date of incorporation/qualification: 7/2/2008	Document number: P08000063895	
5. The name and street address of the current registered Florida Department of State:(If resigned, enter resign		
CORPORATIONSERVICECOMPANY	<i>(</i>	
1201HAYSSTREET		
TALLAHASSEE,FL32301-2525		
6. The name and street address of the new registered ag (if changed):	ent (if changed) and /or registered office	
CTCorporationSystem	TAL SE	
c/oCTCorporationSystem,1200South		
P.O. Hox No Plantation, Florida 33324	T acceptable	
The street address of its registered office and the stree as changed will be identical.	The state of the s	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so other in writing of the change:	
Belancie Signature of an wheer or director	PutriciaBelanger Printed or typed name and title	
I hereby accept the appointment as registered agent a further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rephereby confirm that the corporation has been notified	nd agree to act in this capacity. Itutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I	
By: () A HA	10/9/2017	
Signature of Ogistered Agent	i hite	
If signing on behalf of an entity: James M. Halpin Assistant Secretary		
Typed or Printed Name * * * FILING F	FF. \$25.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (03/12)