

8/2013 12:12:01 From: To: 8506176380

Division of Corporations

(1/2)

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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
LINPHARMA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent or both in the State of Florida.

1. The name of this corporation: LINPHARMA, INC.
2. The principal office address:
830 BOOKER CREEK BLVD SUITE 350, OLDSMAR, FL 34677
3. The mailing address (if different):

4. Date of incorporation/qualification: 3/14/2011 Document number: P11000025678
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, later resigned)
MCINTOSH, ANDREW
501 E KENNEDY BLVD STE 1700
TAMPA, FL 33602
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] MANU HOFEA DIRECTOR

President of the Corporation

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. On this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 8-8-2013

Signature of Registered Agent Date

if signing on behalf of an entity:
Madonna Cuddihy
Special Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6337, TALLAHASSEE, FL 32314
CR2045 (03/12)

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